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IDWR

Form 238-7

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95 - 95 - N - 72 -002
Other IDWR No. _____

2. OWNER:
Name JACKIE & STEVE STEPHANI
Address 2372 E HANLEY
City COEUR D ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S — X

Twp. 49 North ☒ or South ☐
Rge. 04 East ☐ or West ☒
Sec. 04 , ____ 1/4 NW 1/4 SW 1/4
(10 acres / 40 acres / 160 acres)
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site MICA FLATS,
KIDD ISLAND ROAD City _____
(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	25	8 BAGS	OVERBORE DRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ☒ Y ☐ N How? DROVE INTO ROCK

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	86	250	STEEL	☒	☐	☒	☐
4	-20	175	160	PSI PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations Method SKILL SAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
145	175	1/8x4	110	4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
105 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____
NWSW 4 49N 4W

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20+			
EST AIR LIFT			

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	2	TOPSOIL		X
8	2	12	SAND & GRAVEL W/CLAY		X
8	12	22	SILTY CLAY YELLOWISH		X
8	22	43	BASALT DARK GRAY		X
8	43	78	CLAY TAN MED W/SHALE		
			GRAVEL 3/4 MINUS		X
8	78	85	CLAY BROWN MED		X
6	85	168	BASALT DARK GRAY HARD		X
6	168	173	BASALT FRACTURED BLUE GRAY		
			W/QUARTZ SAND W/WATER		
			20+ GPM	X	
6	173	175	CLAY TAN HARD		X
			WELD ON CAP		
			GRAVEL PACKED FROM 150' - 175'		
			WASHED 3/8 PEA GRAVEL		

SCANNED
JAN 09 2018

Completed Depth 175' (Measurable)
Date: Started 8/14/95 Completed 8/14/95

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WELL SERVICE INC Firm No. 448
Firm Official John Wheeler Date 8-31-95
and
Supervisor or Operator [signature] Date 8-28-95
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES