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IDWR/North

Form 238-7
11/97

# IDAHO DEPARTMENT OF WATER RESOURCES
# WELL DRILLER'S REPORT

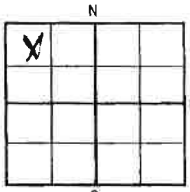
POSTED

Office Use Only
Inspected by _____
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

**1. WELL TAG NO.** D 00022809
DRILLING PERMIT NO. - 785515
Other IDWR No. _____

**2. OWNER:**
Name Pete and Carol Johnson
Address 3418 South Chapan
City Green Acre State WA Zip 99016

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




Twp. 48 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 1, ____ 1/4 (10 acres) N/W 1/4 (40 acres) N/W 1/4 (160 acres)
Gov't Lot ____ County Kootenai
Lat: : : Long: : :
Address of Well Site Hwy 97
Martin Road 1307 East (Give at least name of road + Distance to Road or Landmark) City Harrison

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 | 50 | 27 5x | Pour Around Pipe |
| | | | | |
| | | | | |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 92'
Was drive shoe seal tested? ☒ Y ☐ N How? Air

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6" | +0 | -92 | 250 | Steel | ☒ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Length of Headpipe _____ Length of Tailpipe _____

**9. PERFORATIONS/SCREENS**
Perforations Method none
Screens Screen Type none

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
44' ft. below ground Artesian pressure _____ lb.
Depth flow encountered 71 ft. Describe access port or control devices: well cap

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

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 100 gpm | @ 100' | Air lift | |
| | | | |
| | | | |

Water Temp. 50° Bottom hole temp. _____
Water Quality test or comments: Clear no Odor
Depth first Water Encounter 71'

**12. LITHOLOGIC LOG:** (Describe repairs or abandonment)

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 8 | 0 | 1 | Clay - Tan | | |
| | 1 | 9 | Basalt - Broken - Gray | | |
| | 9 | 15 | Basalt - Broken w/clayton | | |
| | 15 | 71 | Basalt - Broken | | |
| 6" | 71 | 100 | Basalt - Broken w/water | ✓ | |

Completed Depth 100' (Measurable)
Date: Started 9-13-02 Completed 9-17-02

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

Company Name All-Ways Drilling Inc Firm No. 510
Firm Official Stanley Kurtz Date 10-11-02
and
Driller or Operator Alvin Carris Date 10-11-02
(Sign once if Firm Official & Operator)

48N 4W 1

FORWARD WHITE COPY TO WATER RESOURCES