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NORTHERN REGION IDWR

Form 238-7
3/95

IDAHO DEPARTMENT OF WATER RESOURCES
POSTED
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint Pen

77651

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

1. DRILLING PERMIT NO. 95-96-N-106
Other IDWR No. _____

2. OWNER:
Name Shirley Russell
Address P.O Box 65
City Harrison State Id Zip 83833

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

N / W / E / S

Twp. 48 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 1 1/4 NW 1/4 NW 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Kootenai
Lat: : : Long: : :
Address of Well Site Hwy. 97 Martin Road 1307 East City Harrison
(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	36	12 SKS	Pour

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	78	.250	Steel	☒	☐	☒	☐
4	20	100	260	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
40	80		90	3/16	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
36 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 78 ft. Describe access port or control devices: well cap

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

Yield gal./min.	Drawdown	Pumping Level	Time
20			1 hr.

Water Temp. cold Bottom hole temp. _____
Water Quality test or comments: clear
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	3	clay		
	3	17	Hard Basalt		
	17	46	Broken Hard Basalt		
	46	69	Hard Basalt		
	69	78	Broken Basalt	✓	
	78	100	Hard Basalt		

Completed Depth 100 (Measurable)
Date: Started 7/7/96 Completed 7/8/96

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 All-Way Drilling Inc Firm No. 510
Firm Official Stanley K Wolfe Date 7/14/96
and
Supervisor or Operator R. Degn Date 7/14/96
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

NW NW 1 48N 4W