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NORTHERN REGION IDWR

Form 238-7
3/95

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT 097766

POSTED

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. 97-97-N-17-____
Other IDWR No. _____

2. OWNER:
Name JAMES & DEBRA NOLEN
Address 83 CAVANAUGH BAY
City COEUR D'ALENE State ID Zip 83821

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

N / W / E / S

Twp. 59 North ☑ or South ☐
Rge. 4 East ☐ or West ☑
Sec. 15, NW 1/4 (10 acres) NE 1/4 (40 acres) NE 1/4 (160 acres)
Gov't Lot ____ County BONNER
Lat: : : Long: : :
Address of Well Site W.M. S. EAST SHORE RD. 3/4 M. E. COEUR D'ALENE City _____
(Give at least name of road + Distance to Road or Landmark)
Lt. 1 Blk. _____ Sub. Name SUNDANCE CHASE ESTATES

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	18	250#	TEMP. CASE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 104'
Was drive shoe seal tested? ☐ Y ☑ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	104	250	STEEL	☑	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe 2' Length of Tailpipe _____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
104	109	20		5½	SS	☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
70.5 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: PITLESS CAP

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

Yield gal./min.	Drawdown	Pumping Level	Time
20	6	77	1 HR

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
10	0	1	TOPSOIL		✓
10	1	16	GRAVEL - CLAY		✓
10	16	18	SAND - CLAY		✓
6	18	37	SAND - CLAY		✓
	37	48	GRAVEL		✓
	48	65	SAND - CLAY		✓
	65	72	GRAVEL		✓
	72	75	SAND - CLAY		✓
	75	109	SAND - GRAVEL	✓	

Completed Depth 109 (Measurable)
Date: Started 6/16/97 Completed 6/20/97

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 WOOD WELL DRILLING Firm No. 388
Firm Official Phillip Wood Date 9/12/97
and
Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

NW NE 15 59N 4W