97-9459

Form 238-7
11/97

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Insepcted by
Twp_____ Rge. _____ Sec_____
_____ 1/4 _____ 1/4 _____ 1/4
Lat. : : Long : :

1. WELL TAG NO. D 0054384
DRILLING PERMIT NO. ___ ___ ___ ___ _____
Other IDWR No. _____

2. OWNER
Name RON AND LAURA GOULD
Address 88 SMOKE HOUSE ROAD
City SAGLE State ID Zip 83860

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

N / W / E / S

Twp. 56 North (●) or South ()
Rge. 5 East () or West (●)
Sec. 2 ____ 1/4 (10 acres) NE 1/4 (40 acres) NE 1/4 (160 acres)
Gov't Lot _____ County BONNER
Lat. : :
Long : :

Address of Well
1/2 MILE UP STONE JOHNNY ROAD City Priest River
(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. TYPEOF WORK check all that apply (Replacement etc.)
(●) New Well () Modify () Abandonment () Other _____

6. DRILL METHOD
(●) Air Rotary () Cable Tool () Mud Rotary () Other _____

7. SEALING PROCEDURES

SEAL / FILTER PACK Material	From	To	AMOUNT Sacks or pounds	Method
Bentonite Slurry	0	19'	2 sacks	Overbore

Was drive shoe used? (●) Y () N Shoe Depths(s) 19'
Was drive shoe seal tested? () Y (●) N How? N/A

8. Casing / Liner

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	19'	0.25	Steel	(●)	()	(●)	()
4"	19'	58'	0.18	PVC	()	(●)	()	()
					()	()	()	()
					()	()	()	()

Length of Headpipe N/A Length of Tailpipe N/A

9. PERFORATIONS / SCREENS
Perforations Method SAWCUT
Screens Screen Type N/A

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
18'	58'	1/8	100	4"	PVC	()	(●)
						()	()
						()	()

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE
17 ft. below ground Artesian pressure 0 lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS
() Pump () Bailer () Air () Flowing

Yield Gal. / Min.	Drawdown	Pumping Level	Time
30		58'	1 HOUR

Water Temp. 50 Bottom Hole Temp. _____
Water Quality test or comments: Good
Depth first Water 32'

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
10	0	6	CLAY BROWN		✓
10	6	19	GRANITE DECOMPOSSED		✓
6	19	32	GRANITE DECOMPOSSED		✓
6	32	33	GRANITE GRAY BROKEN	✓	
6	33	58	GRANITE DECOMPOSSED		✓

Completed Depth 58'
Date Started 5-19-08 Completed (Measurable) 5-19-08

13. DRILLER'S CERTIFICATION
I/we certify that all minimum well construction standards were complelied with at the time the rig was removed.
Company Name Intermountain Drilling Firm No. 513
Firm Official _____ Date _____
and
Driller or Operator _____ Date 5-23-08
(Sign once if Firm Official & operator)

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED
AUG 25 2022