Form 238-7
6/02

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

| Office Use Only |
|---|
| Well ID No. |
| Inspected by |
| Twp ____ Rge____Sec ____ |
| ____ 1/4 ____ 1/4 ____1/4 |
| Lat: : : Long: : : |

**1. WELL TAG NO. D** 0028156
DRILLING PERMIT NO. 79060
Water Right or Injection Well No.

**2. OWNER:** POSTED
Name Cheryl Bowers
Address none Given
City Coolin State ID Zip 83821

**3. LOCATION OF WELL by legal description:**
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10, ____ 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 Turn behind Coolin store 4 block back City Coolin
(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 Material | From | To | Weight / Volume | Seal Placement Method |
|---|---|---|---|---|
| Bentonite | 0 | 18 | 25olbs | Temp Casing |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 123'
Was drive shoe seal tested? ☐ Y ☒ N How?

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6 | +1 | 123 | 250 | Steel | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Length of Headpipe ____ Length of Tailpipe ____
Packer ☒ Y ☐ N Type K-packer

**9. PERFORATIONS/SCREENS PACKER TYPE**
Perforation Method
Screen Type & Method of Installation Johnson - pull back

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 123 | 128 | 25 | | 6" | S.S. | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

**10. FILTER PACK**

| Filter Material | From | To | Weight / Volume | Placement Method |
|---|---|---|---|---|
| | | | | |
| | | | | |

**11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
100 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices:

59N 4W 10

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

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 8+ | 2' | 102' | 1hr |

Water Temp. cold Bottom hole temp. ____
Water Quality test or comments:
Depth first Water Encounter 110'

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

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 8 | 0 | 18 | Top Soil, Sand | | X |
| 6 | 18 | 60 | Sand | | X |
| 6 | 60 | 110 | Sand | | X |
| 6 | 110 | 128 | Sand | X | |

RECEIVED
APR 0 9 2003
IDWR/North

Completed Depth 128' (Measurable)
Date: Started 1/29/03 Completed 2/5/03

**14. DRILLER'S CERTIFICATION**
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Company Name Cal Pitts & Sons Firm No. 168
Principal Driller Steve Pitts Date 2/25/03
and
Driller or Operator II ____ Date
Operator I ____ Date
Principal Driller and Rig Operator *Required.*
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES