



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 97-97-N 0097-
Other IDWR No. _____

2. OWNER: David Hollaway
Name RT 5 Box 82A
Address Trout River State Id Zip 83856
City

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 W E S
 Twp. 58 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 28 SE 1/4 NE 1/4
 Gov't Lot _____ County Bonner 10 acres 40 acres 160 acres
 S
 Address of Well Site Highway 57
mile marker 14 City Frost River
 (Give at least name of road - Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	19	5.5 Sacks	Overbore

Was drive shoe used? ~~Y~~ ☒ N ☐

Was drive shoe seal tested? Y ☐ N ☒ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	93	250	Steel	☒	☐	☒	☐
4"	-10	250	200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skull Saw
☐ Screens Screen Type

☐ Screens	Screen Type
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From	To	Slot Size	Number	Diameter	Material	Casing	liner
190	250	1/4"	100		PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

30 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 225 ft. Describe access port or
control devices:

SENE 28 58N 5W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15+		250	1 hr

Water Temp. 50° Bottom hole temp. _____

Water Quality test or comments: *Clear*

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	16	sand		X
	16	19	clay w/ fine sand lenses		X
6	19	81	clay w/ fine sand lenses		X
	81	113	Decomposed Granite		X
	113	225	Granite - S+p - med		X
	225	231	Granite - S+p - frac @ 15 gpm	X	
	231	250	Granite - S+p - med		X

RECEIVED

JAN 05 1995

NORTHWESTERN
IDWR

OFFICE USE ONLY

Inspected by TDK

Two 50N Age 5W Sec 28

1/4 SE 1/4 NE 1/4

MICROFILMED

DEC 29 1998

Completed Depth 250' (Measurable)
Date: Started 12-2-94 Completed 12-5-94

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 Intermountain Drilling Firm No. 513

Firm Official [Signature] Date 1-4-95

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)