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IDWR

Form 238-7
3/95

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

097728

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

1. DRILLING PERMIT NO. 97-96 - N-0037 -
Other IDWR No. _____

2. OWNER:
Name Roy and Janet Howell
Address 1217 Walnut Street
City Sandpoint State ID Zip 83864

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. 04 East ☐ or West ☒
Sec. 19 , ____ 1/4 SW 1/4 NE 1/4
(10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Bonner
Lat: : : Long: : :

(# 239) Address of Well Site off Forest Service Rd.-off Highway 57 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/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	0	19	3sacks	Overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	19	250	steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
50'	90'	1/8	80	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
50 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 61 ft. Describe access port or control devices: _____

SWNE 19 58N 4W

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

Yield gal./min.	Drawdown	Pumping Level	Time
2 gpm		100'	1 hr.

Water Temp. 49F Bottom hole temp. ____
Water Quality test or comments: clear
Depth first Water Encountered 61'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	3	Sand		x
8	3	14	Decomposed granite/soft		x
8	14	19	Decomposed granite		x
6	19	50	Decomposed granite		x
6	50	61	Granite/s&p/med		x
6	61	62	Granite/s&p/frac @2gpm	x	
6	62	100	Granite/s&p/med		x

Completed Depth 100' (Measurable)
Date: Started 8-12-96 Completed 8-12-96

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 Intermountain Drilling Firm No. 0513
Firm Official _____ Date 8-13-96
and
Supervisor or Operator same Date _____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES