

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen



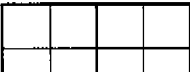
Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 97-97 N. 62-100
Other IDWR No. 0063560 / D003782

2. OWNER: Jerry and Marie Beers
Name P.O. Box 4194
Address Nooksack State WA Zip 98276
City

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N

 W E
 S
 Twp. 57 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 8 SE 1/4 SW 1/4 SW 1/4
 Gov't Lot _____ County BONNER 10 acres 40 acres 160 acres
 Lat: _____ Long: _____
 Address of Well Site EASTSIDE
Cut off 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. 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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 400'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
5	+ 1 1/2	400	250	steel	☒	☒	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method NA

☐ Screens Screen Type NA

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

57 N 4 W 8

11. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
35			4 Hours

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered 379

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 400 (Measurable)
Date: Started 4-17-98 Completed 4-28-98

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 Hester Well Drilling Inc. Firm No. 528

Firm Official: [Signature] Date: 4-28-98

and _____

Supervisor or Operator C. Mark Hawley Date 4-28-98

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES