

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



USE TYPEWRITER OR
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name BETTY HINTZ

Address RT1 BOX 274 SAGLE, IDA

Owner's Permit No. 96-80-N-15

7. WATER LEVEL

Static water level 18' feet below land surface.

Flowing? Yes No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: Valve Cap Plug

Temperature _____ °F. Quality _____

2. NATURE OF WORK

New well Deepened Replacement

Abandoned (describe method of abandonment) _____

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Northern District Office

8. WELL TEST DATA

Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>15</u>	<u>115</u>	<u>2</u>

3. PROPOSED USE

Domestic Irrigation Test Municipal

Industrial Stock Waste Disposal or Injection

Other _____ (specify type)

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>6</u>	<u>0</u>	<u>8</u>	<u>Clay + Gravel</u>		<input checked="" type="checkbox"/>
	<u>8</u>	<u>36</u>	<u>" "</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>36</u>	<u>50</u>	<u>" "</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>50</u>	<u>105</u>	<u>" "</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	<u>105</u>	<u>120</u>	<u>" "</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

4. METHOD DRILLED

Rotary Air Hydraulic Reverse rotary

Cable Dug Other _____

5. WELL CONSTRUCTION

Casing schedule: Steel Concrete Other _____

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>120</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? Yes No

Was a packer or seal used? Yes No

Perforated? Yes No

How perforated? Factory Knife Torch

Size of perforation 1/4 inches by 4 inches

Number	From	To
<u>28</u> perforations	<u>117</u> feet	<u>102</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? Yes No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? Yes No Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 50 Material used in seal: Cement grout Puddling clay Well cuttings

Sealing procedure used: Slurry pit Temp. surface casing Overbore to seal depth

Method of joining casing: Threaded Welded Solvent Weld

Cemented between strata

Describe access port _____

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6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____

Lot No. _____ Block No. _____

County Bonner

SE 1/4 NE 1/4 Sec. 4, T. 55 N., R. 2 W.

10. Work started 7-10-80 finished 7-11-80

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name BRAND X Firm No. 289

Address RATHDRUM IDA Date 7-11-80

Signed by (Firm Official) Linda Gordon

and (Operator) Linda Gordon