

Map navigation controls: zoom in (+), zoom out (-), home (house icon), location (diamond icon).

Wells and Groundwater Management

About & Help

Map Tools

Find Address, Well #, or PLSS

Highway 2

Highway 2

Highway 2

Highway 2

Highway 2

Equine Care Wood

Halle Wood Ln

Priest River Glass

Holly Cln

Pond Oreille Valley Railroad

Pond Oreille Valley Railroad

Pond Oreille River

Pond Oreille River



WELL DRILLER'S REPORT

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.

JUL 19 1993

<p>1. WELL OWNER</p> <p>Name <u>Van Smith</u></p> <p>Address <u>[Redacted] Prosser River, Id 83396</u></p> <p>Drilling Permit No. <u>97-93-N-19-000</u></p> <p>Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>153</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature <u>50</u> °F. Quality <u>clear</u></p> <p><i>Describe artesian or temperature zones below.</i></p>																																																				
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td style="text-align: center;"><u>15+</u></td> <td style="text-align: center;"><u>250'</u></td> <td style="text-align: center;"><u>1 hr.</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>15+</u>	<u>250'</u>	<u>1 hr.</u>																																														
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<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>.750</u> inches</td> <td style="text-align: center;"><u>6</u> inches</td> <td style="text-align: center;"><u>1</u> feet</td> <td style="text-align: center;"><u>250</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>19'</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p>	Thickness	Diameter	From	To	<u>.750</u> inches	<u>6</u> inches	<u>1</u> feet	<u>250</u> feet													Number	From	To										<p>10.</p> <p>Work started <u>5-25-93</u> finished <u>5-26-93</u></p>																				
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N		E																																																			
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REPORT OF WELL DRILLER
State of Idaho



RECEIVED

State law requires that this report shall be filed with the State Engineer within 30 days after completion or abandonment of the well.

Department of Reclamation

WELL OWNER:
Name WAYNE R HATCHER
Address RT 1 BOX 142A
PRIEST RIVER IDAHO 83856
Owner's Permit No. 97-66-N-2
NATURE OF WORK (check): Replacement well
New well Deepened Abandoned
Water is to be used for: DOMESTIC
METHOD OF CONSTRUCTION: Rotary Cable
Dug Other

(explain)
CASING SCHEDULE: Threaded Welded
8" Diam. from 0 ft. to 138' ft.
"Diam. from _____ ft. to _____ ft.
"Diam. from _____ ft. to _____ ft.
"Diam. from _____ ft. to _____ ft.
Thickness of casing: 0.77" Material:
Steel concrete wood other

(explain)
PERFORATED? Yes No Type of perforator used: STAR

Size of perforations: 3/4" by 1 1/4"
perforations from 124' ft. to 136' ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
WAS SCREEN INSTALLED? Yes No

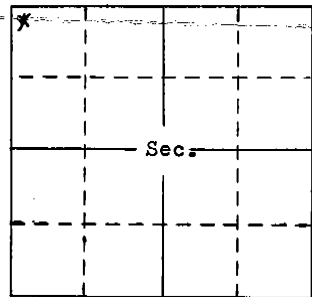
Manufacturer's name _____
Type _____ Model No. _____
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.
Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION: Well gravel packed? Yes
No size of gravel _____ Gravel placed from _____ ft. to _____ ft. Surface seal provided? Yes No To what depth? _____ ft. Material used in seal: _____

Did any strata contain unusable water? Yes
No Type of water: _____
Depth of strata _____ ft. Method of sealing strata off: _____

Surface casing used? Yes No
Cemented in place? Yes No

Locate well in section



LOCATION OF WELL: County BONNER.
N.W. 1/4 N.W. 1/4 Sec. 27 T. 56 N. R. 5 W. B.M.

Size of drilled hole: _____ Total
depth of well: 138' 10" Standing water level below ground: 114' Temp. _____
Fahr. 48° Test delivery: 16 gpm
or _____ cfs Pump? Bail
Size of pump and motor used to make test: _____

Length of time of test: 2 Hrs. 20 Min.
Drawdown: 0 ft. Artesian pressure: ft.
above land surface Give flow _____ cfs
or _____ gpm. Shutoff pressure: _____
Controlled by: Valve Cap Plug
No control Does well leak around casing? Yes No

DEPTH		MATERIAL	WATER YES OR NO
FROM	TO		
FEET	FEET		
0	5	SILT.	NO
5	15	GRAVEL AND SAND (GREY)	NO
15	25	" " " "	NO
25	35	" " " "	NO
35	45	" " " "	NO
45	58	" " " "	NO
58	67	COARSE SAND (GREY)	NO
67	77	GRAVEL AND GRANITE BOULDERS	NO
77	88	" " " "	NO
88	93	SAND (GREY)	NO
93	98	CLAY (BLUE)	NO
98	114	COARSE SAND GREY	NO
114	123	CLAY (BLUE)	NO
123	136	GRAVEL GREY	YES
136	138	CLAY (YELLOW)	NO

101628

Work started: 9-5-66
Work finished: 6-26-67
Well Driller's Statement: This well was drilled under my supervision and this report is true to the best of my knowledge.
Name: Wayne R Hatcher
Address: RT 1 BOX 142A PRIEST RIVER
Signed by: Wayne R Hatcher
License No. 6315 Date: 7-9-67

Use other side for additional remarks

USGS

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.

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NORTHERN REGION

1. WELL OWNER
Name Bob Smith
Address Pratt River, Idaho
Owner's Permit No. 97-90-1-36

7. WATER LEVEL
Static water level 20 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 _____
Describe artesian or temperature zones below.

2. NATURE OF WORK
 New well Deepened Replacement
 Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA
 Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>20</u>	<u>30</u>	<u>2</u>

3. PROPOSED USE
 Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diap.	Depth		Material	Water	
	From	To		Yes	No
<u>6</u>	<u>0</u>	<u>40</u>	<u>Clay</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>40</u>	<u>60</u>	<u>Fine Sand</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>60</u>	<u>65</u>	<u>Sand + Silt</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	<u>65</u>	<u>71</u>	<u>Clay</u>	<input type="checkbox"/>	<input type="checkbox"/>
	<u>71</u>	<u>85</u>	<u>Sand - Coarse</u>	<input checked="" type="checkbox"/>	<input 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>4</u> inches	<u>6</u> inches	<u>1</u> feet	<u>80</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 _____ inches by _____ inches

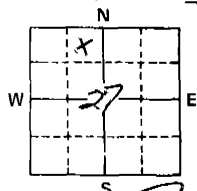
Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? Yes No
Manufacturer's name Johnson
Type Telescope Model No. _____
Diameter 6 Slot size 30 Set from 80 feet to 85 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18 Material used in seal: Cement grout
 Bentonite Puddling clay _____
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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NOV 26 1990
Department of Water Resources

6. LOCATION OF WELL ✓
Sketch map location must agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____
County Bonner
NE 1/4 NW 1/4 Sec. 27, T. 560 N, R. 5 EW

10. Work started 9-27-90 finished 9-30-90

11. DRILLERS CERTIFICATION ee
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name Carl Pitts & Sons Firm No. 168
Address Rt 2 Oldtown Id Date 10-8-90
Signed by (Firm Official) Carl Pitts
and
(Operator) Joe Robert

Location Corrected by IDWR To:
 T56N R05W Sec. 27 NENWNE
 By: segbert 2012-04-02

47480

WELL LOG AND REPORT OF THE
 STATE RECLAMATION ENGINEER OF IDAHO

97-61-N-1

Permit No. _____ Well No. 1 County Bonner

Owner Clark S. Foote

Address _____ Priest River, Idaho

Driller Bob. Pitts & Keith booth

Address Sandpoint, Idaho

Well location N.E. 1/4 N.W. 1/4 Sec. 27, T. 56 N. R. 5 W lot 6

Size of drilled hole 6in.

Locate well in section

NW 1/4	NE 1/4
SW 1/4	SE 1/4

Total depth of well 231ft 8in.

Give depth to standing water from the ground 196 Water temp. 43 °Fahr.

On "Pumping Test" delivery was 7 g.p.m. or _____ c.f.s. Drawdown was 10 feet.

Size of pump and motor used to make test Bucket on rig

Length of time of test 1 hours _____ minutes.

If flowing well, give flow _____ c.f.s. or _____ g.p.m. and of shut off pressure _____

If flowing well, described control works _____
(TYPE AND SIZE OF VALVE, ETC.)

Water will be used for Domestic Weight of casing per lineal foot 16lbs.

Thickness of casing .230 Casing material Steel
(STEEL, CONCRETE, WOOD, ETC.)

Diameter, length and location of casing 6in. x 231ft. 8in.
(CASING 12" IN DIAMETER OR LESS, GIVE INSIDE DIAMETER;
 CASING OVER 12" IN DIAMETER, GIVE OUTSIDE DIAMETER)

CASING RECORD

Diam. Casing	From Feet	To Feet	Length	Remarks—seals, grouting, etc.

Number and size of perforations 20 located 226 feet to 231 feet from ground

Date of commencement of well Mar. 13- 1961 Date of completion of well April -1-1961

NENW S. 27 56N 5W

Hand

