RECEIVED
Form 238-7
3/95
DEC 0 3 1997

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096667

NORTHERN REGION

Office Use Only
Inspected by
Twp ____ Rge ____ Sec ____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. D-000-3211
Other IDWR No. 91-97-N-13

2. OWNER:
Name Gary Gaines
Address HC03 Box 320
City Calder State Id Zip 83808

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S

Twp. 45 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 11, ____ 1/4 SW 1/4 SW 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Shoshone
Lat: : : Long: : :
Address of Well Site ST Joe N. side Rd
2 Miles from Marble Cr. City Calder
(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	22	12 SKS	Pour

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	110	.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☐ Perforations Method ____
☐ Screens Screen Type ____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
52 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 220 ft. Describe access port or control devices: ____

SWSW 11 45N 3E

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

Yield gal./min.	Drawdown	Pumping Level	Time
5			½ hr

Water Temp. cold Bottom hole temp. ____
Water Quality test or comments: Clear
Depth first Water Encountered ____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	17	Brown Clay		
	17	21	Gray Clay & Gravel		
	21	45	Gravel		
	45	63	Gray Clay		
	63	97	Brown Clay		
	97	110	Granite (soft)		
6	110	250	Granite Med	X	

Completed Depth 250 (Measurable)
Date: Started 9/22/97 Completed ~~9/30/97~~ 9/30/97

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 All-Ways Drilling Firm No. 510
Firm Official Stanley K Wolfe Date 10/3/97
and
Supervisor or Operator R. Dight Date 10/3/97
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES