



RECEIVED

MAR 24 1993

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

USE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER
Name Michael J Simmons
Address 110 Twin Lakes Rd Butte 83858
Drilling Permit No. 95-92-N-0245-000
Water Right Permit No. _____

7. WATER LEVEL
Static water level 260 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature cold °F. Quality good
Describe artesian or temperature zones below.

2. NATURE OF WORK
☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures
such as liners, screen, materials, plug depths, etc. in lithologic
log, section 9.)

8. WELL TEST DATA
☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>40+</u>	<u>By Air Lift</u>	<u>4 Hours</u>

3. PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG 104562

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	1	20	Big gravel		X
6	20	30	small gravel		X
6	30	200	Boulders Big Red		X
6	200	220	Red gravel		X
6	220	400	Hard granite		X
6	400	410	Soft granite 2 GPM	X	
6	410	500	Hard granite		X
6	500	550	Cracked granite	X	

4. METHOD DRILLED
☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION
Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness _____ Diameter _____ From _____ To _____
250 inches 6 inches + 1 feet 220 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 ☐ Gun
Size of perforation? _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____
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 25 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 C&D

RECEIVED
MAR 09 1993
NORTHWEST REGION
IDWR

6. LOCATION OF WELL
Sketch map location must agree with written location:
Subdivision Name _____
Lot No. _____ Block No. _____
County Kootenai
Address of Well Site 1 Mile N of Butte
(give at least name of road)
NW SW T. 52 N ☒ or S ☐
SW 1/4 24 1/4 Sec. 20 R. 04 E ☐ or W ☒

10.
Work started 12-5/92 finished Feb 15 1993

11. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.
Firm Name Alt-way Drilling Firm No. 510
Address Head Box 223 St Maring Date Feb 15 1993
Signed by Drilling Supervisor [Signature]
and
(Operator) [Signature]
(If different than the Drilling Supervisor)