Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. ________
Inspected by ________
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D D0053900
DRILLING PERMIT NO. ________
Water Right or Injection Well No. ________

2. OWNER:
Name Ken Yearout
Address 141 Whiskey LN
City ST. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 45 North ☑ or South ☐
Rge. 3 East ☐ or West ☑
Sec. 35, SE 1/4 (10 acres) SE 1/4 (40 acres) SW 1/4 (160 acres)
Gov't Lot ________ County ________
Lat: : : Long: : :
Address of Well Site Alder Creek / Go up Benewah Rd 11 miles Turn Left on Alder Creek To Alder loop, To the white gate City ________
(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	50	10 sk	Pour Around PiPE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 98
Was drive shoe seal tested? ☑ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
[illegible]	+2	98	.250	Steel	☑	☐	☑	☐
[illegible]	+2	225	160	PVC	☐	☑	☐	☐
					☐	☐	☐	☐

Length of Headpipe ________ Length of Tailpipe ________
Packer ☐ Y ☑ N Type ________

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method Drill
Screen Type & Method of Installation ________

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
[illegible]	225	1/8 inch	80	4 inch	PVC	☐	☑
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
[illegible]				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
[illegible] ft. below ground Artesian pressure ______ lb.
Depth flow encountered 155 ft. Describe access port or control devices: ________
Well Cap

12. WELL TESTS:
☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30+ gpm	Airlift	from	228 / 1 h

Water Temp. 45 Bottom hole temp. ____
Water Quality test or comments: Cold & clear w/ [illegible]
[illegible] Depth first Water Encounter 15

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	12	Top Soil & tan clay		
	12	28	Orangish red clay		
	28	46	Broken Granite		
	46	54	Clay red		
	54	95	Broken Granite		
8	95	196	Hard Granite w/water	✓	
			2 gpm at 155		
6	196	198	Clay red w river rock 30 gal	✓	
	198	228	Hard Granite		

Completed Depth 228 (Measurable)
Date: Started 8-20-07 Completed 8-21-07

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

Company Name Interstate Drilling LLC Firm No. 68
Principal Driller Ryan Suchoski Date 8-22-0
and
Driller or Operator II ________ Date ________
Operator I R. Suchoski Date 8-22-0
Principal Driller and Rig Operator *Required.*
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES