RECEIVED
SEP 2 9 1997
NORTHERN REGION
IDWR

Form 238-7
3/95

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT 096891

Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. D-000-3121-
Other IDWR No. 91-97-N-9

2. OWNER:
Name Ryan Maier
Address HCR 2, Box 32A
City ST. Maries State Id Zip 83861

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

N / W / E / S

Twp. 46 North ☑ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 16 1/4 NW 1/4 NW 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Benewah
Lat: : : Long: : :
Address of Well Site 3 Miles North on Hwy 3 From ST. Maries City ST. Maries
(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	24	33 SKS	Pour

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
6	+2	98	250	Steel	☑	☐	☑	☐
4	95	115	160	Puc	☐	☑	☐	☐
					☐	☐	☐	☐

Length of Headpipe____ Length of Tailpipe____

9. PERFORATIONS/SCREENS
☐ Perforations Method____
☐ Screens Screen Type____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
95	115	7/16	25		Puc	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
85 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 98 ft. Describe access port or control devices: well Cap

NW NW 16 46N 2W

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

Yield gal./min.	Drawdown	Pumping Level	Time
8			1/2 hr

Water Temp. ____ Bottom hole temp. ____
Water Quality test or comments: ____
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	4	Topsoil		
	4	16	Broken Basalt		
	16	24	Brown Clay		
	24	57	Broken Basalt		
	57	69	Brown Clay		
	69	110	Broken Basalt	X	
6	110	115	White Clay		

Completed Depth 115 (Measurable)
Date: Started 7/21/95 Completed 7/22/97

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 Inc Firm No. 510
Firm Official Stanley K Wolfe Date 8/20/97
and
Supervisor or Operator R. Degn Date 7/23/97
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES