Form 238-7
1/78

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

USE TYPEWRITER OR BALLPOINT PEN

# WELL DRILLER'S REPORT

RECEIVED

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 Esta Fletcher

Address Rt#1 Box120c St Maries

Owner's Permit No. 95-79-N-10

**2. NATURE OF WORK**

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

**3. PROPOSED USE**

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

**4. METHOD DRILLED**

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

**5. WELL CONSTRUCTION**

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

| Thickness | Diameter | From | To |
|---|---|---|---|
| .250 inches | 6 inches | +1.5 feet | 240 feet |
| _____ inches | _____ inches | _____ feet | _____ feet |
| _____ inches | _____ inches | _____ feet | _____ feet |
| _____ inches | _____ inches | _____ feet | _____ feet |

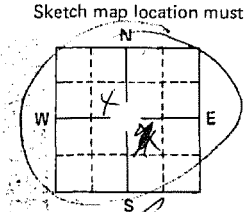
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☒ Torch
Size of perforation 5/32 inches by 5 inches

| Number | From | To |
|---|---|---|
| 30 perforations | 230 feet | 240 feet |
| _____ perforations | _____ feet | _____ feet |
| _____ perforations | _____ feet | _____ feet |

Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
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 20 Material used in seal: ☐ Cement grout ☐ Puddling clay ☒ Well cuttings
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 _____

**6. LOCATION OF WELL**

Sketch map location must agree with written location.




Subdivision Name _____
Lot No. _____ Block No. _____
County Bencwah
SE ¼ NW ¼ Sec. 26, T. 45 N/S, R. 4 E/W.

**7. WATER LEVEL**

Static water level 4 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 _____

**8. WELL TEST DATA**

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

| Discharge G.P.M. | Pumping Level | Hours Pumped |
|---|---|---|
| 5-6 | | 2 |
| | | |
| | | |

**9. LITHOLOGIC LOG**

| Hole Diam. | Depth From | Depth To | Material | Water Yes | Water No |
|---|---|---|---|---|---|
| 8 | 0 | 25 | Clay gravel & boulders | | |
| 6 | 25 | 170 | Clay | | |
| | 170 | 200 | Soft brown shale | | |
| | 200 | 220 | brown clay | | |
| | 220 | 245 | shale | X | |

**10.**

Work started 19 May 79 finished 22 May 79

**11. DRILLERS CERTIFICATION** Cb dl

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

Firm Name Hendricks Drilling Firm No. 322
Address Hayden Lake Date 25 May 79
Signed by (Firm Official) Richard Hendricks
and
(Operator) _____

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT