

MAILED

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NORTH IDAHO

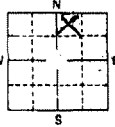
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED TYPEWRITER OR
BALLPOINT PEN

FEB 09 1994

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 <u>CHRISTINA CRAWFORD</u> Address <u>HCR 1 BOX 310 TENSEA</u> Drilling Permit No. <u>93-93-N-5-000 001</u> Water Right Permit No. <u>93-93-N-0005-000 AND 93-93-N-0005-300</u> NOTE: For information on original well see 93-93-N-0005-000 AND 93-93-N-0005-300	7. WATER LEVEL Static water level <u>40'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>52</u> °F. Quality <u>MILKY</u> 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 _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>31</u></td><td><u>120</u></td><td><u>1</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>31</u>	<u>120</u>	<u>1</u>																																																										
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <u>89706</u> <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td><u>10"</u></td><td><u>0</u></td><td><u>3'</u></td><td><u>TOPSOIL - DARK BROWN</u></td><td></td><td>☒</td></tr><tr><td><u>10"</u></td><td><u>3'</u></td><td><u>20'</u></td><td><u>CLAY - YELLOW TO TAN</u> <u>IN COLOR - SOFT</u></td><td></td><td>☒</td></tr><tr><td><u>6"</u></td><td><u>20</u></td><td><u>110</u></td><td><u>CLAY - YELLOW TO RED</u> <u>IN COLOR - SOFT</u></td><td></td><td>☒</td></tr><tr><td><u>6"</u></td><td><u>110</u></td><td><u>164</u></td><td><u>COARSE GRAVELS & SANDS</u> <u>SOME SILTS - MEDIUM</u> <u>40 G.P.M.</u></td><td>☒</td><td></td></tr><tr><td><u>6"</u></td><td><u>164</u></td><td><u>200</u></td><td><u>CLAY - BLUE GREY IN COLOR</u> <u>SOFT - MOIST</u></td><td></td><td>☒</td></tr><tr><td><u>6"</u></td><td><u>200</u></td><td><u>300</u></td><td><u>QUICKSAND - VEGETATION</u> <u>(BARK ETC.)</u></td><td></td><td>☒</td></tr><tr><td><u>6"</u></td><td><u>300</u></td><td></td><td><u>CLAY - BLUE - SOFT</u></td><td></td><td>☒</td></tr><tr><td colspan="6"><u>CASING WAS PERFORATED</u> <u>AND ADJUSTED TO</u> <u>ALLOW WATER IN UPPER</u> <u>ZONE TO BE USED - ALL</u> <u>OTHER ZONES WERE</u> <u>CAKED OFF.</u></td></tr><tr><td colspan="6"><u>RECOMMEND PUMP SETTING</u> <u>AT 80' TO DISCOURAGE</u> <u>SILT MIGRATION. ALSO</u> <u>RECOMMEND ENTERING</u> <u>SYSTEM.</u></td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>10"</u>	<u>0</u>	<u>3'</u>	<u>TOPSOIL - DARK BROWN</u>		☒	<u>10"</u>	<u>3'</u>	<u>20'</u>	<u>CLAY - YELLOW TO TAN</u> <u>IN COLOR - SOFT</u>		☒	<u>6"</u>	<u>20</u>	<u>110</u>	<u>CLAY - YELLOW TO RED</u> <u>IN COLOR - SOFT</u>		☒	<u>6"</u>	<u>110</u>	<u>164</u>	<u>COARSE GRAVELS & SANDS</u> <u>SOME SILTS - MEDIUM</u> <u>40 G.P.M.</u>	☒		<u>6"</u>	<u>164</u>	<u>200</u>	<u>CLAY - BLUE GREY IN COLOR</u> <u>SOFT - MOIST</u>		☒	<u>6"</u>	<u>200</u>	<u>300</u>	<u>QUICKSAND - VEGETATION</u> <u>(BARK ETC.)</u>		☒	<u>6"</u>	<u>300</u>		<u>CLAY - BLUE - SOFT</u>		☒	<u>CASING WAS PERFORATED</u> <u>AND ADJUSTED TO</u> <u>ALLOW WATER IN UPPER</u> <u>ZONE TO BE USED - ALL</u> <u>OTHER ZONES WERE</u> <u>CAKED OFF.</u>						<u>RECOMMEND PUMP SETTING</u> <u>AT 80' TO DISCOURAGE</u> <u>SILT MIGRATION. ALSO</u> <u>RECOMMEND ENTERING</u> <u>SYSTEM.</u>					
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)																																																																	
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.28</u> inches</td><td><u>6"</u> inches</td><td><u>2</u> feet</td><td><u>300</u> feet</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> 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? <u>1/4"</u> inches by <u>12</u> inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>80</u> perforations</td><td><u>110</u> feet</td><td><u>150</u> feet</td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> 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 <u>20'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ <u>15 SACKS</u> Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Cemented between strata ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>WELL CASING</u>	Thickness	Diameter	From	To	<u>.28</u> inches	<u>6"</u> inches	<u>2</u> feet	<u>300</u> feet									Number	From	To	<u>80</u> perforations	<u>110</u> feet	<u>150</u> feet							10. Work started <u>9-28-93</u> finished <u>10-1-93</u>																																				
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>BENEFICIAL</u> NW 1/4 NE 1/4 Sec. <u>2</u> T. <u>43</u> N R. <u>4</u> W	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 <u>ALWAYS DRILLING</u> Firm No. <u>510</u> Address <u>SE. MARIE'S</u> Date <u>10-4-93</u> Signed by Drilling Supervisor <u>Paul De Hart</u> and (Operator) _____ (If different than the Drilling Supervisor)																																																																