

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 D0040294
DRILLING PERMIT NO. 834003
Water Right or Injection Well No. _____

2. OWNER:
Name Charlotte S Ainge
Address 310 2nd Avenue
City Lewiston State ID Zip 83501

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. 27 1/4 N/E 1/4 S/E 1/4
Gov't Lot _____ County Benevolence

Lat: _____ Long: _____
Address of Well Site 5141 Alder Creek Rd.
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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	58	109X	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58

Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-58	250	Steel	☒	☐	☒	☐
4"	-15	-240	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
-160	-220	3/4	36	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
None				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

93 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 135 ft. Describe access port or control devices: _____

Well Cap
45N 3W 27

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20gpm	Airlift	from 240'	

Water Temp. 45° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 135

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	1	Top Soil		
	1	9	Clay-Tan		
	9	16	Clay-Gray		
	16	18	Clay-Blue		
	18	58	Shale-Gray		
6"	58	135	Shale-Gray 5gpm		
	135	137	Basalt-Broken w/water	☒	
	137	210	Basalt-Gray		
	210	220	Basalt-Gray w/water 15gpm	☒	
	220	240	Basalt-Gray		

RECEIVED
JUN 17 2005
IDWR/North

Completed Depth 240 (Measurable)

Date: Started 6-13-05 Completed 6-14-05

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 Action Drilling Inc. Firm No. 618

Principal Driller Alvin Carris Date 6-14-05

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 6-14-05

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.