

1. DRILLING PERMIT NO. 95 - 94 - N - 97
Other IDWR No. _____

2. OWNER:

Name ED EVANS
Address RT 1, BOX 87
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. 45N North ☒ or South ☐
 Rge. 3W East ☐ or West ☒
 Sec. 4 1/4 SW 1/4 SE 1/4
 Gov't Lot _____ County BENAH
 10 acres 160 acres

Address of Well Site _____
BENEWAH RD. MM7 ON LEFT _____ City _____
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	50	12	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	0	50	.250	STEEL	☒	☐	☒	☐
4"	110	30	160PSI	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method 3/8 DRILLED
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
80	100	3/8	500	160	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8 EST.	N/A	100'	2 HR.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 UNITED DRILLING INC. Firm No. 414

Firm Official Sam R. Vally, VP Date 5-18-94
and