

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 D0028759
 DRILLING PERMIT NO. 866568
 Water Right or Injection Well No. _____

2. OWNER: Name Steve + Julie DeSaussure
Address 83119 Hwy 3 South
City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 46 North ☒ or South ☐
Rge. 1 East ☒ or West ☐
Sec. 25 1/4 S/W 1/4 S/W 1/4
Gov't Lot _____
County Shoshone
Lat: : : Long: : :
Address of Well Site 1 1/2 mile on R+R Grade
Past trout creek City Calder
(Give at least name of road + distance to road or landmark)
Lt. 1-4 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	25	20 SX	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 118
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-118	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method none

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
	none					☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
none				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

11 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 116 ft. Describe access port or control devices:

Well Cap
44N 1E 25

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
100 gpm	Air lift from		12.5

Water Temp. 48° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 16

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 Always Driving Inc Firm No. 510

Principal Driller Mark D. Wolf Date 9-20-03

and
Driller or Operator II Alvin Carlis Date 9-30-01

Operator I _____ Date _____

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

