Form 238-7
3/95
Starships Consulting and Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

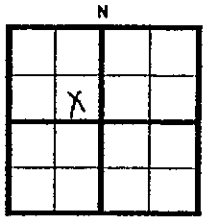
Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by_____
Twp_____Rge_____Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 92-96-N-012-000
Other IDWR No. _____

2. OWNER **Well Number:** 452
Name LEAVITT, GARY
Address PO BOX 307
City Fernwood State ID Zip 83830

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 43 ☒ North or ☐ South
Rge. 01 ☐ East or ☒ West
Sec. 13 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County BENEWAH
Lat: : : Long: : :
Address of Well Site Little Carpenter Creek
City Fernwood
(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	40	8 sacks	Crumbles

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 228
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	400	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☐ Perforations Method OPEN BOTTOM
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
40 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: _____
Depth first Water encountered 225

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	2	Topsoil, Brown	☐	☒
8	2	40	Clays, Brown Medium	☐	☒
8	40	200	Clays Gray Medium	☐	☒
8	200	228	Clays Dark Brown Medium	☐	☒
6	228	240	Basalt Black Hard	☐	☒
6	240	270	Silty Clays Brown Black	☐	☒
6	270	280	Gravels Silty Water	☒	☐
6	280	305	Clay Gray Silty	☐	☒
6	305	355	Clay Brown	☐	☒
6	355	397	Clay Tan Wet	☒	☐
6	397	405	Gravels	☒	☐
	0	0	1 - 6" Well Cap	☐	☐

365'

Completed Depth 405' (Measurable)
Date: Started 09/17/96 Completed 09/20/96

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 H20 WellService, Inc. Firm No. 448
Firm Official Monroe L Rockett Date 10-14-96
and
Supervisor or Operator Jim McF Date 10-10-96
(Sign Once if Firm Official and Operator)