

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D0057206

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER:

Name Norvin D Smith

Address 789 Reed's Creek Rd

City ST. MARIES State ID Zip 83861

3. WELL LOCATION:

Twp. 46 North ☒ or South ☐ Rge. 1 East ☒ or West ☐

Sec. 17 10 acres 1/4 SW 40 acres 1/4 NW 160 acres 1/4

Gov't Lot _____ County Bennett

Lat. 47 ° 20.120 N (Deg. and Decimal minutes)

Long. 116 ° 22.249 W (Deg. and Decimal minutes)

Address of Well Site 789 Reed's Creek Rd

City ST. MARIES

(Give at least name of road + Distance to Road or Landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
Bentonite	0	4.5	1200 lbs	Four Around Pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
7.25	0	2.50	ST-1	Steel	☒	☐	☐	☒
12	2.50	400	PVC	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 98

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method SK-11 Saw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
245	205	1/2 x 5/8	60	4"	PVC	200 PSI

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
none				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device well cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 60 Static water level (ft) 54

Water temp. (°F) 77 Bottom hole temp. (°F) _____

Describe access port well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
0.8 pm A	1.1 ft From	305 ft	☐	☐	☒	☐
For 2 hrs						

Water quality test or comments: CCIA X clean

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y	N
0	0	4	Boulders X clay		
4	0	10	clay X cobbles		
10	28	28	Brown clay X sand		
28	42	42	clay - Tan X River rock		
42	55	55	clay - Tan		
55	75	75	river rock		
75	90	90	clay X sand		
90	122	122	Granite sand w/ clay		
122	129	129	clay - blue		
129	125	125	Granite fractured		
125	140	140	Shale sand		
140	160	160	Granite hard w/ water		
			5 gpm		
160	705	705	Granite fractured		
			w/ water 5 gpm		

Completed Depth (Measurable): 205

Date Started: 10-19-09 Date Completed: 10-20-09

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 Interstate Drilling LLC Co. No. 688

*Principal Driller Ryan Suchus Date 10-20-09

*Driller R. Smith Date 10-20-09

*Operator II R. Smith Date 10-20-09

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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 LEROY FISH
Address RT 3, BOX 77A ST. MARIES, ID
83861
Drilling Permit No. 91-91-N-3
Water Right Permit No. _____

7. WATER LEVEL

Static water level 48 feet below land surface.
Flowing? ☒ Yes ☐ No G.P.M. flow 25-30
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature COLD of. Quality CLOUDY
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

- ☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumping
25-30	60	2

3. PROPOSED USE

- ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

- ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material
	From	To	
8	0	9	SAND & GRAVEL
	9	32	GRAVEL & CLAY
6	32	45	CLAY & SAND
	45	75	GRAVEL

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness		Diameter		From		To	
<u>.250</u>	inches	<u>6</u>	inches	+	<u>1</u>	feet	<u>59</u> feet
_____	inches	_____	inches		_____	feet	_____ feet
_____	inches	_____	inches		_____	feet	_____ feet
_____	inches	_____	inches		_____	feet	_____ feet

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 _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel: _____ feet

Placed from _____ feet to _____
Surface seal depth 32 Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Pudding clay ☐ _____

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

~~.....~~ ☐ Threaded ☒ Welded ☐ Solvent

SFT PUMP AT 58'

RECEIVED
AUG 22 1991

Department of Water Resources

6U

and
(Opera

and
(Operator) Bruce A. Johnson

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

Redman Mobile home Date 4, 11, 83

118 11017 70 J 3 BD R

Manufacture serial # model unit

Outside plates ORE 10825 ORE 10826