Form 238-7
6/02

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 0028169 RECEIVED
DRILLING PERMIT NO. 795174
Water Right or Injection Well No. JUN 0 2 2003
IDWR/North

2. OWNER:
Name Kelly Ragan
Address 1153 4th Street
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. 2 East ☐ or West ☒
Sec. 8, ____ 1/4 (10 acres) N/E 1/4 (40 acres) S/E 1/4 (160 acres)
Gov't Lot ____ County Benewah
Lat: : : Long: : :
Address of Well Site Cassandra Hills West End
City St. Maries
(Give at least name of road + Distance to Road or Landmark)
Lt. ____ Blk. ____ Sub. Name ____

POSTED

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other ____

5. TYPE OF WORK check all that apply (Replacement etc.)
☐ New Well ☐ Modify ☐ Abandonment ☒ Other Replace Liner

6. DRILL METHOD:
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other ____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4"	-5	-400	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
360	380	1"	16	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
294 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: ____
~~Well Cap~~
46 N 2W 8

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

Yield gal./min.	Drawdown	Pumping Level	Time
15 gpm airlift from 400 ft.			

Water Temp. 54 degrees Bottom hole temp. ____
Water Quality test or comments: Clear - No odor
Depth first Water Encounter ____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
			Broken Liner		
			Pulled out liner and		
			cleaned out hole to 400	ft	
			and installed new liner		
			and well tag		

Completed Depth 400 (Measurable)
Date: Started 3-10-03 Completed 3-11-03

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 All-Ways Drilling, Inc Firm No. 510
Principal Driller Stanley K. Wolfe Date 4-10-03
and
Driller or Operator II Alvin Carris Date 4-10-03
Operator I ____ Date ____
Principal Driller and Rig Operator *Required.*
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES