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Form 238-7
11/97

# IDAHO DEPARTMENT OF WATER RESOURCES
# WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

**1. WELL TAG NO.** North D 00 17739
IDWR
DRILLING PERMIT NO. - 770861
Other IDWR No.

POSTED

**2. OWNER**
Name Rod Williams
Address P.O Box 297
City Fernwood State ID Zip 83830

**3. LOCATION OF WELL by legal description:**
Sketch map location must agree with written location.

N / W / E / S

Twp. 44 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 24, 1/4 S/E (10 acres) 1/4 S/E (40 acres) 1/4 (160 acres)
Gov't Lot ____ County Benewah
Lat: : : Long: : :
Address of Well Site Elk Horn Meadows 1 mile Leftside 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 Material | From | To | AMOUNT Sacks or Pounds | METHOD |
|---|---|---|---|---|
| Bentonite | 0 | 18½ | 5sx | Pouraround Pipe |
| | | | | |
| | | | | |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18½
Was drive shoe seal tested? ☒ Y ☐ N How? air

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6" | +1½ | -18½ | 250 | steel | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Length of Headpipe ____ Length of Tailpipe ____

**9. PERFORATIONS/SCREENS**
Perforations Method none
Screens Screen Type ____

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
22 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 28' ft. Describe access port or control devices: well Cap

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

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 2½gal | air Lift | from 350' | |
| | | | |
| | | | |

Water Temp. 68° Bottom hole temp. ____
Water Quality test or comments: Cloudy + clearing no odor
Depth first Water Encounter 28'

**12. LITHOLOGIC LOG:** (Describe repairs or abandonment)

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 8" | 0 | 12 | clay-tan | | |
| | 12 | 14 | granite-soft+sandy | | |
| | 14 | 18½ | granite | | |
| 6" | 18½ | 28 | granite | | |
| | 28 | 30 | granite w/water 1gal | X | |
| | 30 | 70 | granite | | |
| | 70 | 71 | granite w/water 1½gal | X | |
| | 71 | 350 | granite | | |

Completed Depth 350 (Measurable)
Date: Started 9-4-01 Completed 9-13-01

**13. 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
Firm Official Stanley Wolfe Date 10/12/01
and
Driller or Operator Alvin Carey Date 10-11-01
(Sign once if Firm Official & Operator)

44N 1W 24 FORWARD WHITE COPY TO WATER RESOURCES