Form 238-7
1/78

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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.

USE TYPEWRITER OR BALLPOINT PEN

ENT'D

1. WELL OWNER

Name: Brian R. or Barbara J. Balsiger

Address: 654 S. 10th St. St. Maries, Id. 83861

Owner's Permit No. 92-80-N-1

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

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 _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
.250 inches	6 inches +	1 feet	158 feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

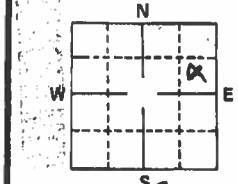
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

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 _____
Placed from _____ feet to _____ feet
Surface seal depth 23 Material used in seal: ☐ Cement grout ☒ Puddling clay ☒ Well cuttings
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name St Maries Garden Tracts #1
Lot No. _____ Block No. _____
County Benewah
SE ¼ NE ¼ Sec. 36, T. 46 N/S, R. 2 E/W.

7. WATER LEVEL

Static water level 180 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☒ Cap ☐ Plug
Temperature Cold °F. Quality Good

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
5	—	1 hr.

9. LITHOLOGIC LOG

Hole Diam.	Depth From	Depth To	Material	Water Yes	Water No
8	0	3	Topsoil		X
	3	87	Broken Basalt		X
	87	95	Brown Clay		X
	95	114	Broken Basalt		X
	114	152	Gray Silt		X
	152	158	Gray Shale		X
6	158	350	Gray Shale	X	

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Department of Water Resources

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10. Work started 11/10/80 Finished 11/12/80

11. DRILLERS CERTIFICATION ab dL

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Associated Well Drillers Firm No. 245
Address Box 723, C.D.A. Date 11/18/80
Signed by (Firm Official) Bud Thornton
and
(Operator) Robert F. Dwight

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