Form 238-7
3/95

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NORTHERN REGION
IDWR

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10/2-/96 do

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097931

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 92-96-N-184
Other IDWR No. _____

2. OWNER:
Name Don Porter
Address Rt 4 Box 70
City St. Maries State ID Zip 83861

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

N / W / E / S

Twp. 45 North ☑ or South ☐
Rge. 1 East ☐ or West ☑
Sec. 17 ____ 1/4 (10 acres) SW 1/4 (40 acres) SW 1/4 (160 acres)
Gov't Lot ____ County Benewah
Lat: : : Long: : :
Address of Well Site Hwy 3 out of St Maries on L City St Maries
(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	30	300 pds	pour

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
6	+1	30	025	steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations Method slotted
☒ Screens Screen Type plastic

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
46	292			4	Plastic	☐	☒
						☐	☐
						☐	☐

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

SWSW 17 45N 1W

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

Yield gal./min.	Drawdown	Pumping Level	Time
30 est.	Blown by air		

Water Temp. cold Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered 120

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	3	Top soil		✓
8	3	22	Clay Brown		✓
8	22	30	Broken Basalt		
6	30	110	Broken Basalt no water		✓
6	110	230	hard basalt	✓	
6	230	240	gray clay		✓
6	240	273	hard basalt	✓	
6	273	280	gray clay		
6	280	285	Broken Basalt	✓	
6	285	288	gray clay	✓	
6	288	292	Sand	✓	

Completed Depth 292 (Measurable)
Date: Started 7/20 Completed 7/22

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 Precision Drilling Firm No. 558
Firm Official James A Arnold Date 7/30/96
and
Supervisor or Operator [signature] Date 7/30/96
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED
DEC 2 1 2010