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NORTHERN REGION IDWR

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Form 238-7
3/95

IDAHO DEPARTMENT OF WATER RESOURCES

# WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097932

| Office Use Only |
|---|
| Inspected by ______ |
| Twp ____ Rge ____ Sec ____ |
| ____1/4 ____1/4 ____1/4 |
| Lat: : : Long: : : |

**1. DRILLING PERMIT NO.** 92-96-N-410 (99-96-N-10)

Other IDWR No. ______

**2. OWNER:**

Name: Ken Schiermeister

Address: 910 6th Ave

City: St. Maries State: Id Zip: 83861

**3. LOCATION OF WELL by legal description:**

Sketch map location must agree with written location.

Twp. 45 North ☒ or South ☐

Rge. 1 East ☐ or West ☒

Sec. 20, NE 1/4 (10 acres) SE 1/4 (40 acres) NE 1/4 (160 acres)

Gov't Lot ______ County Benewah

Lat: ______ Long: ______

Address of Well Site: Hwy 3 to Ts Farm Sign left aprox 1/4 mi go l thru fence gate (Give at least name of road + Distance to Road or Landmark) City St. Maries

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 | 1 | 20 | 500 | Trimmie |
| | | | | |
| | | | | |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 28

Was drive shoe seal tested? ☒ Y ☐ N How? Pounds

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6 | 1 | 28 | 250 | Steel | ☒ | ☐ | ☒ | ☐ |
| 4 | 10 | 190 | 160 | PVC | ☐ | ☒ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Length of Headpipe — Length of Tailpipe —

**9. PERFORATIONS/SCREENS**

☒ Perforations Method → Drill 5/16

☐ Screens Screen Type ______

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 100 | 190 | 5/16 | 80 | 4" | PVC | ☐ | ☒ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

60 ft. below ground Artesian pressure — lb.

Depth flow encountered — ft. Describe access port or control devices: ______

SENE 20 45N 1W

**11. WELL TESTS:**

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| EST 20 | By Air Lift | | |
| | | | |

Water Temp. cold Bottom hole temp. cold

Water Quality test or comments: good

Depth first Water Encountered 125

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

| Bore Dia | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 8 | 1 | 3 | Top Soil | | X |
| 8 | 3 | 15 | Brown Clay | | X |
| 8 | 15 | 20 | Broken Basalt | | X |
| 8 | 20 | 28 | Fracured Basalt | | X |
| 6 | 20 | 145 | Hard Basalt | | X |
| 6 | 145 | 175 | Fracured Basalt | | X |
| 6 | 175 | 190 | Decomposed granite | X | |

Completed Depth 190 (Measurable)

Date: Started 6/15/96 Completed 6/16/96

**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. 557

Firm Official [signature] Date 6/18/96

and

Supervisor or Operator [signature] Date 6/18/96

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED MAR - 1 2011