

POSTED

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097935

Inspected by _____

Twp _____ Rge _____ Sec _____

$$\frac{1}{4} \quad \frac{1}{4} \quad \frac{1}{4}$$

Lat: : : Long: : :

☒ Air ☐ Flowing Artesian

1. DRILLING & IDWR
Other IDWR No.:

Name Larry Cook-Forevergreen Tree Farm

Address HC04 Box 85A

City St. Maries State ID Zip 83861

Sketch map location must agree with written location.

N
 Twp. 45 North ☒ or South ☐
 Rge. 1 East ☐ or West ☒
 Sec. 20 1/4 NE 1/4 SE 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____ County Benewah
 Lat: _____ Long: _____

Address of Well Site 7.5 mi South on Hwy 3-

APPROX 1 mi EAST ON PRIVATE ROAD City _____
(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	20	15 sacks	

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

Was drive shoe seal tested? ☐ Y ☐ N How? _____

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+ $\frac{1}{2}$	25	.250	steel	☒	☐	☒	☐
6	+1	159	.250	steel	☒	☐	☒	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

2. Perforations Method _____

Screens Screen Type _____

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

_____ ft. below ground Artesian pressure _____ lb.

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

☐ Pump ☐ Bailer

Yield gal./min.	Drawdown	Pumping Level	Time
20+			2 hours

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: good

Depth first Water Encountered _____

Water

[illegible]Completed Depth 220 (Measurable)

Date: Started 9-3-97 Completed 9-5-97

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

Firm Name Eagle Pump & Supply, Inc. Firm No. 537

Firm Official James Doyle Date 9-5-97

and 

Supervisor or Operator [Signature] Date 9-5-9

(Sign once if Firm Official & Operator)

NESE 20 45N 1W

FORWARD WHITE COPY TO WATER RESOURCES