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Form 238-7
8/95

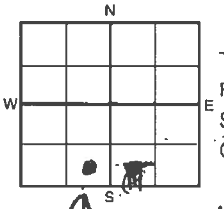
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. 92-95-N-21-000
Other IDWR No. ______

2. OWNER:
Name Polly Henderson
Address 3514 15th St
City Lewiston State ID Zip 83501

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



Twp. 44 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 11, S1/2 1/4 SE 1/4 SW 1/4
10 acres 40 acres 160 acres
Gov't Lot ____ County ______
Lat: : : Long: : :
Address of Well Site 1 mile up [illegible]
Go L. 1½ miles City Santa
(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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	1	20	500 lb	Tremmie

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	20	250	Steel	☒	☐	☒	☐
4	20	180	200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe — Length of Tailpipe —

9. PERFORATIONS/SCREENS
☒ Perforations Method ______
☐ Screens Screen Type ______

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
20	180	1/8	40	4	PVC	☐	☒
						☐	☐
						☐	☐

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

SESW 11 44N 1W

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

Yield gal./min.	Drawdown	Pumping Level	Time
EST 40	By Air		

Water Temp. Cold Bottom hole temp. Cold
Water Quality test or comments: good
______ Depth first Water Encountered ______

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	1	2	Top Soil		X
8	2	9	Brown Clay		X
8	9	10	Broken Basalt		X
8	10	20	Hard Basalt		X
6	20	100	Hard Basalt		X
6	100	120	Fractured Basalt		X
6	120	160	Hard Basalt		X
6	160	185	Fractured Basalt	X	

Completed Depth 180 (Measurable)
Date: Started 8/30 Completed 8/30

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 INC Firm No. 558
Firm Official ______ Date 9/2/95
and
Supervisor or Operator ______ Date ______
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES