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IDWR

Form 238-7
3/95

POSTED

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-17-DDD
Other IDWR No. _____

2. OWNER:
Name WM Shields
Address 2369 W 1900 N
City OAK Harbor State WA Zip 98277

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. 3 East ☐ or West ☒
Sec. 27, SE 1/4 (10 acres) SW 1/4 (40 acres) ____ 1/4 (160 acres)
Gov't Lot ____ County Benewah
Lat: : : Long: : :
Address of Well Site 1004 Be Before 5 M.M. Alder CK 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	1	20	500	Trimmie

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20
Was drive shoe seal tested? ☒ Y ☐ N How? Pounds

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	20	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☐ Perforations Method _____
☐ Screens Screen Type _____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
80 ft. below ground Artesian pressure ____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____
SESW 27 45N 3W

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

Yield gal./min.	Drawdown	Pumping Level	Time
50T	By Air Lift		

Water Temp. Cold Bottom hole temp. Cold
Water Quality test or comments: Clear
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	10	Brown Clay		X
8	10	15	Broken Basalt		X
8	15	20	Med Hard Basalt		X
6	20	185	Hard Basalt		X
6	185	205	Fractured Basalt	X	

Completed Depth 205 (Measurable)
Date: Started 8-2-95 Completed 8-4-95

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 James D Cannon Date 8-4-95
and
Supervisor or Operator James D Cannon Date 8-4-95
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES