

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

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MAY 11 1977
Department of Water Resources
Northern District Office

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0035373
DRILLING PERMIT NO. 824245
Water Right or Injection Well No. _____

2. OWNER:
Name Sam Steele
Address 303 Happy Valley Lane
City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 45 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 26 1/4 N/E 1/4 N/E 1/4
Gov't Lot _____ County Benewah
Lat: : : Long: : :
Address of Well Site 303 Happy Valley Lane
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 Material	From	To	Weight / Volume	Seal Placement Method

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
4"	-10	-240	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill
Screen Type & Method of Installation none

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-180	-220	3/4	20	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
none				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

140 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 197 ft. Describe access port or control devices: well cap
45N 31W 26

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____	_____	Long: _____	_____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
3 gpm	Air lift from	240	

Water Temp. 56° Bottom hole temp. _____
Water Quality test or comments: clear no odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
6"	158	180	shale-gray		
	180	183	shale-Brown		
	183	197	shale-Brown-soft		
	197	200	shale-Brown w/water		
			3 gpm		
	200	232	shale gray		
	232	240	clay-Tan		
			Deepened Well from 158 To 240		
			Installed PVC Liner from -10 to -240		
			Previous well # 748453		

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Completed Depth 240 (Measurable)
Date: Started 9-3-04 Completed 9-6-04

14. DRILLER'S CERTIFICATION

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

Company Name Action Drilling Firm No. 618
Principal Driller Alvin Carr Date 9-30-04
and
Driller or Operator II _____ Date _____
Operator I Alvin Carr Date 9-30-04
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.