

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D D 00 40 293
DRILLING PERMIT NO. 833887
Water Right or Injection Well No. _____

2. OWNER:
Name Karleen Schafer
Address Box 232
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. 1 East ☐ or West ☒
Sec. 21 1/4 S/E 1/4 N/E 1/4
Gov't Lot _____
County Benedict

Lat: : : _____ Long: : : _____
Address of Well Site 1909 Petis Peak Rd.
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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	50	14 SX	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 158
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-158	250	Steel	☒	☐	☒	☐
4"	-15	-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 _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-200	-230	3/4	30	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
none				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

16' ft. below ground Artesian pressure _____ lb.
Depth flow encountered 215 ft. Describe access port or control devices: _____

Well Cap

45N 1W 21

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

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

Water Temp. 47° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 180

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	1	Top Soil		
	1	120	Clay - Red		
	120	146	Shale - Tan w/ clay		
	146	158	Shale - Tan		
6"	158	180	Shale - Tan		
	180	181	Shale - Tan w/ water		
			2 gpm		
	181	215	Shale - Gray		
	215	220	Shale - Gray - Broken		
			w/ water 11 gpm		
	220	240	Shale - Gray		
			13 gpm Total		

RECEIVED
JUL 14 2005
IDWR North

Completed Depth 240 (Measurable)
Date: Started 6-8-05 Completed 6-10-05

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 Inc Firm No. 618

Principal Driller Alvin Carris Date 2-4-05

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 7-4-05

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.