Form 238-7
6/02

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 0033934
DRILLING PERMIT NO. 821565
Water Right or Injection Well No.

2. OWNER:
Name Tom Jarvi
Address 76201 S. Hwy 3
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. 20, ____ 10 acres 1/4 S/W 40 acres 1/4 S/E 160 acres 1/4
Gov't Lot ____ County Benewah
Lat: : : Long: : :
Address of Well Site 76201 Hwy 3
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
Bentonite	0	20	15 Bags	Pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 78"
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-78	.250	Steal	☒	☐	☒	☐
4"	-5	-180	160 SDR	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method Saw
Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
+140	-180	1/4"	4/2	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
52 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 75 ft. Describe access port or control devices: Cap

45N 1W 20

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

Yield gal./min.	Drawdown	Pumping Level	Time
30			30 min

Water Temp. 56 Bottom hole temp. ____
Water Quality test or comments: Cloudy no odor
Depth first Water Encounter 75

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	15	Clay Brown		✓
	15	18	Clay Red		✓
	18	30	Clay Tan		✓
	30	70	Clay white	✓	
	70	78	Basalt Broken	✓	
6	78	110	Basalt Broken		✓
	110	190	Decomposed Basalt		✓
	190	200	Sand fine	✓	
			Gravel Packed to 180ft		

RECEIVED
SEP - 7
IDWR North

Completed Depth 180 (Measurable)
Date: Started 7/29/04 Completed 8/1/04

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 All-ways Drilling Inc Firm No. 510
Principal Driller Stanley K Wolfe Date 9/1/04
and
Driller or Operator II Donald K Mello Date 9/1/04
Operator I ____ Date ____
Principal Driller and Rig Operator *Required.*
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES