

Form 238-7
9/82

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

POSTED

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.

1. WELL OWNER

Name Mr. & Mrs Cal Overacker

Address P.O. Box 578 St Maries, Idaho 83861

Owner's Permit No. 91-28-11-2

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>6</u> inches	<u>2</u> feet	<u>106</u> feet
<u>1.60</u> inches	<u>4</u> inches	<u>-100</u> feet	<u>120</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☒ Yes ☐ No

How perforated? ☐ Factory ☒ Knife ☐ Torch

Size of perforation 1/4 inches by 3 inches

Number	From	To
<u>40</u> perforations	<u>-100</u> feet	<u>115</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☐ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 2.5 Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Puddling clay ☐ Cuttings

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

X

Subdivision Name _____

Lot No. _____ Block No. _____

County Benewah

NE 1/4 NW 1/4 Sec. 6 T. 46N N/S, R. 2 E(W)

7. WATER LEVEL

Static water level 85 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☒ Cap ☐ Plug

Temperature cold °F. Quality clear

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>25</u>	<u>variable</u>	<u>1 hr</u>

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	2	Topsoil		X
	2	84	Soft Shale		X
6	84	120	Broken Basalt	X	

10.

Work started 6-13-88 finished 6-15-88

11. DRILLERS CERTIFICATION

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

Firm Name Assoc. Drilling, Inc Firm No. 245

Address P.O. Box 819 Date 6-15-88

Coeur d' Alene, Idaho

Signed by (Firm Official) [Signature]

and

(Operator) Robert F Degitz

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT