

JUL 25 2002

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Lat: Long:

Other IDWR No. _____

City ST MARIES State ID. Zip 83861

Yield gal./min.	Drawdown	Pumping Level	Time
20+			1.5 HRS

Bottom hole temp.

Water Quality test or comments: CLEAN & CLEAR

Depth first Water Encountered 116

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 W E S
 Twp. 46 North ☐ or South ☐
 Rge. 3W East ☐ or West ☐
 Sec. 2 NW 1/4 NE 1/4 SE 1/4
 Gov't Lot _____ County BENEFICIAL
 Lat: _____ Long: _____
 Address of Well Site RT. 2 BOX 115 LOT #4
 City ST. MARIES ID

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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	9 Sks.	POOR DRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 118'

Was drive shoe seal tested? ☒ Y ☐ N How? AIR

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	118	250	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
4"	-15	140	200	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
120	140	18"x6"	40	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

75' ft. below ground Artesian pressure lb.

Depth flow encountered _____ ft. Describe access port or

control devices: CAP

46 N 3 W 2

FORWARD WHITE COPY TO WATER RESOURCES

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 140' (Measurable)

Date: Started 7-22-02 Completed 7-23-02

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 FOGLE Pump Firm No 537

Firm Official _____ Date _____

and $1100, 1150, 1200, 1250$

Supervisor or Operator Todd A. Livick Date 7/24/0

(Sign once if Firm Official & Operator)