

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.

PH
JD

1. WELL OWNER

Name Ray Reid

Address P. O. Box 317 St. Maries, Id. 83861

Owner's Permit No. 91-88-N-1

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

.250 inches

6 inches

2 feet

36 feet

_____ inches

_____ inches

_____ feet

_____ 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 _____ inches by _____ inches

Number

From

To

_____ perforations

_____ feet

_____ 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 20 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 _____

7. WATER LEVEL

Static water level 4 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

75

variable

1/2 hr

9. LITHOLOGIC LOG

Bore Diam.

Depth

Material

Water

From

To

Yes

No

8

0

3

Fill gravel

X

3

24

Clay

X

24

36

Broken Basalt

X

6

36

40

Broken Basalt

X

10.

Work started 6/8/88 finished 6/8/88

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

Subdivision Name _____

Lot No. _____ Block No. _____

County Bonewah 46 N

SE 1/4 NW 1/4 Sec. 16, T. 46 N., R. 2 W.

11. DRILLERS CERTIFICATION

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

Firm Name Assco. Drilling Inc Firm No. 245

Address P.O. Box 819 Date 6/9/88

Coeur d' Alene Id

Signed by (Firm Official) _____

and _____

(Operator) Robert J. Regitz

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