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Form 238-7
3/95

JUN 27 1997

NORTHERN REGION
IDWR

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096902

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 91-97-N-7
Other IDWR No. _____

2. OWNER:
Name Rex Smith Jr.
Address HC02 Box 192
City St Maries State Id Zip 83861

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S

Twp. 47 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 33, ____ 1/4 NE 1/4 SE 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Benewah
Lat: : : Long: : :
Address of Well Site Hy 3 & Wells Mitch Rd - Turn N at 2 mm - go approx 1/4 m North - Turn east for 1/4 mile
(Give at least name of road + Distance to Road or Landmark)
City St Maries
Lot ____ 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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	1	20	500	Trimmie

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	20	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☐ Perforations Method ____
☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

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

NESE 33 47N 2W

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

Yield gal./min.	Drawdown	Pumping Level	Time
50	Blown	By Air	

Water Temp. Cold Bottom hole temp. cold
Water Quality test or comments: Clear
Depth first Water Encountered ____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	1	3	Top Soil		✓
8	3	10	Brown Clay		✓
8	10	15	Big Bee Basalt		✓
8	15	20	Med Hard Basalt		✓
6	20	75	Med Basalt		✓
6	75	145	Hard Basalt		✓
6	145	150	Fractured Basalt	✓	
6	150	235	Hard Basalt		✓
6	235	250	Fractured Basalt	✓	

Completed Depth 250 (Measurable)
Date: Started 6-20-97 Completed 6/24/97

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 Precision Drilling INC. Firm No. 558
Firm Official James D Combs Date 6-26-97
and
Supervisor or Operator James D Combs Date 6-26-97
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES