

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 D0040862
DRILLING PERMIT NO. 837447
Water Right or Injection Well No. _____

2. OWNER:

Name Mark Williams
Address 21534 South Lake St.
City Medimont State ID Zip 83842

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 47 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 24 1/4 N/W 1/4 1/4
Gov't Lot _____ County Beneva

Lat: _____ Long: _____
Address of Well Site 45147 S 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	55X	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+5	-20	250	Steel	☒	☐	☒	☐
4"	-10	162	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-42	-142	3/4	100	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
none				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

30 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 103 ft. Describe access port or control devices: _____

47N 3W 24

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50 gpm	air lift	from 162	

Water Temp. 50° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 103'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	8	Clay Tan		
	8	20	Basalt Gray		
6"	20	103	Basalt Gray		
	103	105	Brown + Gray w/water 10 gpm		
	105	125	Brown + Gray Basalt		
	125	150	Basalt Brown + Gray w/water 40 gpm		
	150	162	Clay - Tan		

RECEIVED

DEC 22 2005

IDWR/North

Completed Depth 162 (Measurable)

Date: Started 11-15-05 Completed 11-16-05

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 Action Drilling Inc. Firm No. 618

Principal Driller Alvin Carris Date 12-16-05

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 12-16-05

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.