Form 23
3/95

POSTED
Consulting and Management Services

RECEIVED
NOV 1 4 1996
NORTHERN REGION

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096974

Office Use Only
Inspected by ______
Twp ____ Rge ____ Sec ____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-96-N-166-000

Other IDWR No. ______

2. OWNER **Well Number:** 503

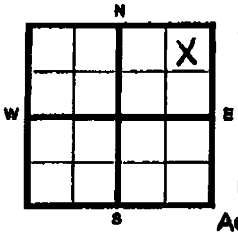
Name BEDWELL, JEREMY

Address HC01 BOX 102 B

City ST MARIES State ID Zip 83861

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 45 ☒ North or ☐ South

Rge. 04 ☐ East or ☒ West

Sec. 12 ____1/4 NE 1/4 NE 1/4

Gov't Lot ______ County BENEWAH

Lat: : : Long: : :

Address of Well Site 1300 TO COUNTY RD TO BEHAW RD 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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	80	3 SACKS	Powder/ 1 Crumb

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 140

Was drive shoe seal tested? ☐ Y ☐ N How? ______

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	140	.250	STEEL	☒	☐	☒	☐
4	125	205	.160	PVC	☐	☒	☐	☐

Length of Headpipe ______ Length of Tailpipe ______

9. PERFORATIONS/SCREENS

☒ Perforations Method SAWCUT

☐ Screens Screen Type ______

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
165	205	1/16	60	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure ______ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6 TO 7 GPM			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAN

Depth first Water encountered 180

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	2	Topsoil Brown	☐	☒
8	2	40	Clay, Red	☐	☒
8	40	78	Clay Tanish	☐	☒
8	78	130	Clay Light Brown	☐	☒
8	130	140	Clay Dark Brown	☐	☒
6	140	180	Basalt Black Hard	☐	☒
6	180	182	Basalt Black Fractured	☒	☐
6	182	205	Basalt Black Hard	☐	☒
	0	0	1x6" Flush Drive Shoe	☐	☐
	0	0	1x6" Bolt on Well Cap	☐	☐

Completed Depth 205' (Measurable)

Date: Started 10/31/96 Completed 11/01/96

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 1220 WellService, Inc. Firm No. 448

Firm Official ______ Date 11-13-96

and

Supervisor or Operator ______ Date 11/12/96

(Sign Once if Firm Offical and Operator)

NENE 12 45N 4W

95-14942