

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 D0040135
 DRILLING PERMIT NO. 833653
 Water Right or Injection Well No. _____

2. OWNER:
 Name Dale Pritchard
 Address PO Box 264
 City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 46 North ☒ or South ☐
 Rge. 2 East ☐ or West ☒
 Sec. 9 1/4 5/4 1/4 5/4 1/4
 Gov't Lot _____
 County Benevolence
 Lat: _____ Long: _____
 Address of Well Site 1023 Cassandra Hills 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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>35</u>	<u>105K</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 99
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>-99</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-13</u>	<u>-243</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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
<u>-163</u>	<u>-223</u>	<u>3/4</u>	<u>30</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>None</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
92' ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 130 ft. Describe access port or control devices:
well cap
76N 2W 9

12. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>15 gpm</u>	<u>Air Lift</u>	<u>from 240</u>	

 Water Temp. 46° Bottom hole temp. _____
 Water Quality test or comments: clear - no odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>26</u>	<u>Clay - Tan w/shale</u>		
	<u>26</u>	<u>98</u>	<u>Shale - Tan - soft med</u>		
<u>6"</u>	<u>98</u>	<u>105</u>	<u>Shale - Tan</u>		
	<u>105</u>	<u>130</u>	<u>Shale - Blue</u>		
	<u>130</u>	<u>140</u>	<u>Shale - Gray - Hard</u>		
			<u>w/water 5 gpm</u>		
	<u>140</u>	<u>175</u>	<u>Shale - Gray</u>		
	<u>175</u>	<u>180</u>	<u>Shale - Gray Broken</u>		
			<u>w/water 5 gpm</u>		
	<u>180</u>	<u>220</u>	<u>Shale - Gray</u>		
	<u>220</u>	<u>225</u>	<u>Shale - Gray Broken</u>		
			<u>w/water 5 gpm</u>		
	<u>225</u>	<u>240</u>	<u>Shale Gray</u>		

RECEIVED
 JUL 07 2005
 IDWR/North

Completed Depth 240 (Measurable)
 Date: Started 6-1-05 Completed 6-2-05

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 Firm No. 618
 Principal Driller Alvin Carris Date 6-21-05
 and
 Driller or Operator II _____ Date _____
 Operator I Alvin Carris Date 6-21-05
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.