

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 0055350
DRILLING PERMIT NO. 853795
Water Right or Injection Well No. _____

2. OWNER:

Name Shirley Swenson
Address 410 Glacier Dr
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. 3 East ☐ or West ☒
Sec. 33 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County Benedict
Lat: 47 : 17 : 44 N Long: 116 : 43 : 46 W
Address of Well Site 410 Glacier Dr
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	59	125x	Pour Around Pipe

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s) 59
Was drive shoe seal tested? ☒ Yes ☐ No How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	59	2.50	Steel	☒	☐	☒	☐
4"	-26	306	160	---	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Stick Saw
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
246	306	1/4x5	150	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
None				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

150 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 130 ft. Describe access port or control devices: Well cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min	Drawdown	Pumping Level	Time
4 GPM	Air lift from 306 ft		3 hrs

Water Temp. 48° Bottom hole temp. _____
Water Quality test or comments: Clear / No Odor

Depth first Water Encounter 130

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	45	Clay & Gravel		
8	45	55	Brown Basalt Soft		
6	55	68	Basalt Black / Hard		
	68	75	Broken Basalt		
	75	306	Hard Basalt / w water		
			1/2 GPM AT 130 ft		
			1 1/2 GPM AT 220 ft		
			2 GPM AT 260 ft		

RECEIVED

OCT 22 2008

IDWR/North

Completed Depth 306 (Measurable)

Date: Started 10-14-08 Completed 10-16-08

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 Interstate Drilling LLC Firm No. 688

Principal Driller Don R. McElroy Date 10/21/08

Driller or Operator II Don R. McElroy Date 10/21/08

Operator I _____ Date _____

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

46N 03W 33

FORWARD WHITE COPY TO WATER RESOURCES