

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp. _____	Rge. _____	Sec. _____	
1/4	1/4	1/4	
Lat: : : _____	Long: : : _____		

1. WELL TAG NO. D0013216

Drilling Permit No: _____

Other IDWR No. _____

2. OWNER

Name Steve & Karen Farr

Well Number: _____

40

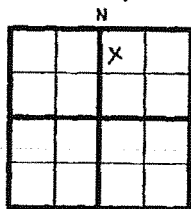
Address 3600 Casa Grande

City Las Vegas

State NV Zip 89108

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 45 ☒ North or ☐ South

Rge. 3 ☐ East or ☒ West

Sec. 7 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County BENEWAH

Lat: : : _____ Long: : : _____

Address of Well Site Benewah Road

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	18	6 sacks	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 22

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-10	225	160	PVC	☐	☒	☐	☐
6	2	22	.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
185	225	1/8x6	100	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

70 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30+			1 hour

Water Temp. cold _____ Bottom Hole Temp cold _____

Water Quality test or comments: clear _____

Depth first Water encountered 90

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	2	Topsoil	☐	☒
10	2	18	Clay tan	☐	☒
8	18	20	Clay tan	☐	☒
8	20	22	Basalt	☐	☒
6	22	74	Basalt	☐	☒
6	74	102	Basalt soft	☒	☐
6	102	194	Basalt	☐	☒
6	194	206	Basalt w/clay hard	☒	☐
6	206	225	Basalt soft	☐	☒

Completed Depth 225 (Measurable)

Date: Started 6/21/00 Completed 6/21/00

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 H2O WellService, Inc. Firm No. 448

Firm Official _____ Date _____

and

Supervisor or Operator _____ Date _____

(Sign Once If Firm Official and Operator)
Todd Morgan

