Form 238-7
11/97

# IDAHO DEPARTMENT OF WATER RESOURCES
## WELL DRILLER'S REPORT

RECEIVED
SEP 28 1999
IDWR/North

076754

| Office Use Only |
|---|
| Inspected by ________ |
| Twp ____ Rge ____ Sec ____ |
| ____ 1/4 ____ 1/4 ____ 1/4 |
| Lat: : : Long: : : |

**1. WELL TAG NO.** D 0010608
DRILLING PERMIT NO. 95-99-N-164
Other IDWR No. ________

**2. OWNER:**
Name NORMAN CRAWFORD
Address 69710 Lake drive
City SISTERS State id Zip 97759

**3. LOCATION OF WELL by legal description:**
Sketch map location must agree with written location.

N / W / E / S (sketch map grid, X marked in lower right section)

POSTED

Twp. 48N North ☐ or South ☒
Rge. 4W East ☐ or West ☐
Sec. 21 , S/E 1/4 S/E 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot [redacted] County Kootinie
Lat: : : Long: : :
Address of Well Site Bell Bay Rd To East point (Give at least name of road + Distance to Road or Landmark) City HARRISON

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 Material | From | To | AMOUNT Sacks or Pounds | METHOD |
|---|---|---|---|---|
| Bentonite | 10 | 30 | 12 | poored |
| | | | | |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 30
Was drive shoe seal tested? ☒ Y ☐ N How? Air

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6 | 0 | 30 | | Steel | ☒ | ☐ | ☒ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |
| | | | | | ☐ | ☐ | ☐ | ☐ |

Length of Headpipe +2 Length of Tailpipe 30

**9. PERFORATIONS/SCREENS**
Perforations Method Drilled
Screens Screen Type ______

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 200 | 10 | 1/4 | 60 | 1/4 | pvc | ☐ | ☒ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
100 ft. below ground Artesian pressure ______ lb.
Depth flow encountered 188 ft. Describe access port or control devices: well cap

**11. WELL TESTS:**
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 15 | | | |
| | | | |
| | | | |

Water Temp. 58 Bottom hole temp. ______
Water Quality test or comments: good
Depth first Water Encounter 188

**12. LITHOLOGIC LOG:** (Describe repairs or abandonment)

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 8 | 0 | 30 | clay Broken Rock | | I |
| 6 | 30 | 188 | Hard Basalt | I | |
| 6 | 188 | 200 | Brown clay | | I |

Completed Depth 200 (Measurable)
Date: Started 9/24/99 Completed 9/24/99

**13. DRILLER'S CERTIFICATION**
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name All ways Drilling Firm No. 518
Firm Official [signature] Date 9/24/99
and
Driller or Operator [signature] Date 9/24/99
(Sign once if Firm Official & Operator)

48N 4W 21

FORWARD WHITE COPY TO WATER RESOURCES