

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0040658
DRILLING PERMIT NO. 836451
Water Right or Injection Well No. _____

2. OWNER:

Name Rick Powell
Address 396 Powell Rd.
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. 26 1/4 S/W 1/4 S/W 1/4
Gov't Lot _____
County Benewah
Lat: _____ Long: _____
Address of Well Site 396 Powell 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>70</u>	<u>13 SX</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 265

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>+2</u>	<u>265</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method none

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>none</u>						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

267 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 315 ft. Describe access port or control devices: _____

46 N 2W 26

Office Use Only	
Well ID No. _____	
Inspected by _____	
Twp _____ Rge _____ Sec _____	
_____ 1/4 _____ 1/4 _____ 1/4	
Lat: _____ : _____ : _____	Long: _____ : _____ : _____

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>7 gpm</u>	<u>Air Lift</u>	<u>from 480'</u>	
	<u>Dirty + Silty - no good</u>		

Water Temp. 50° Bottom hole temp. _____
Water Quality test or comments: Dirty silty - no good
Depth first Water Encounter 315

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>129</u>	<u>Clay - Tan</u>		
	<u>129</u>	<u>133</u>	<u>Clay - Brown</u>		
	<u>133</u>	<u>140</u>	<u>Basalt - Broken w/ clay</u>		
	<u>140</u>	<u>161</u>	<u>Clay - Gray</u>		
	<u>161</u>	<u>173</u>	<u>Basalt - Broken Gray</u>		
	<u>173</u>	<u>245</u>	<u>Clay - Brown w/ Basalt</u>		
	<u>245</u>	<u>265</u>	<u>Shale - Gray</u>		
<u>6"</u>	<u>265</u>	<u>315</u>	<u>Shale - Gray</u>		
	<u>315</u>	<u>317</u>	<u>Shale - green soft</u>		
			<u>w/ water 7 gpm</u>		
	<u>317</u>	<u>344</u>	<u>Shale - green</u>		
	<u>344</u>	<u>480</u>	<u>Shale - Gray</u>		

RECEIVED
NOV 04 2005
IDWR/North

Completed Depth 480 (Measurable)

Date: Started 9-29-05 Completed 10-6-05

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 Inc Firm No. 618

Principal Driller Alvin Carris Date 10-22-05

and Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 10-22-05

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

NOV 19 2014

FORWARD WHITE COPY TO WATER RESOURCES