Form 2ac-7

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

USE TYPEWRITER OR BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Robert E. or Peg Russell

Address P.O. Box 120 St. Maries Ida

Owner's Permit No. 91-79-N-183861

2. NATURE OF WORK

☑ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

3. PROPOSED USE

☑ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☑ Rotary ☑ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
14 inches	6 inches +	2 feet	150 feet
inches	inches	feet	feet
inches	inches	feet	feet
inches	inches	feet	feet

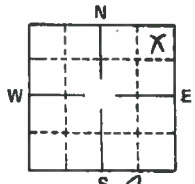
Was casing drive shoe used? ☑ Yes ☐ No
Was a packer or seal used? ☑ Yes ☐ No
Perforated? ☐ Yes ☑ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
perforations	feet	feet
perforations	feet	feet
perforations	feet	feet

Well screen installed? ☐ Yes ☑ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter ___ Slot size ___ Set from ___ feet to ___ feet
Diameter ___ Slot size ___ Set from ___ feet to ___ feet
Gravel packed? ☐ Yes ☑ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 20 Material used in seal: ☐ Cement grout ☑ Puddling clay ☐ Well cuttings
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☑ Overbore to seal depth
Method of joining casing: ☐ Threaded ☑ Welded ☐ Solvent Weld ☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____
Lot No. 4 Block No. _____

County Benewah

NE ¼ NE ¼ Sec. 14, T. 46 N S, R. 2 E W

7. WATER LEVEL

Static water level 40 feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow 35
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☑ Cap ☐ Plug
Temperature _____ °F. Quality good

8. WELL TEST DATA

☐ Pump ☐ Bailer ☑ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
35		

9. LITHOLOGIC LOG

Hole Diam.	Depth From	Depth To	Material	Water Yes	Water No
	0	86	Broken shale		✓
	86	138	Blue shale		✓
	138	146	Sand	✓	
	146	150	Broken shale		✓
	150	175	Gray shale	✓	

10. Work started 8-14-79 finished 8-15-79

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Associated Wells Inc Firm No. 245
Address P.O. Box 223 Ida Ida Date 8-17-79
Signed by (Firm Official) Bud Thornton
and
(Operator) Scott Lickfold

SCANNED JAN 28 2015

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT