

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: _____
☒ Air ☐ Flowing Artesian

1. WELL TAG NO. D 00013750

RECEIVED

DRILLING PERMIT NO. _____

Other IDWR No. 766522

OCT 12 2000

2. OWNER: John BISON

Name John BISON

Address P.O. Box 36

City Plummer

State ID Zip 83851

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W
E
S

Twp. 46 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 3 1/4 NW 1/4 NW 1/4
Gov't Lot _____ County Benedict
Lat: _____ Long: _____

Address of Well Site Mission Pt.
@ Lake Shore Pines City St. Maries
(Give at least name of road + Distance to Road or Landmark)

Lt. 3 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 Sacks or Pounds	METHOD
Material	From	To		
Bentonite	0	19	10 3/4	Pour around Pipe

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s) 19'

Was drive shoe seal tested? ☐ Yes ☒ No How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	19	250	Steel	☒	☐	☒	☐
4"	-10	200	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method Drill
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-160	-180	3/4	24	4"	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

22' ft. below ground Artesian pressure _____ lb.

Depth flow encountered 91 ft. Describe access port or control devices: well cap

46N 3W 3

FORWARD WHITE COPY TO WATER RESOURCES

11. WELL TESTS:

- ☐ Pump ☐ Bailor

- ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20 gpm	Air lift	from 200'	

Water Temp. 52°

Bottom hole temp. _____

Water Quality test or comments: clear no odor

Depth first Water Encounter 91

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	6	Sandy clay w/shale		
	6	19	Shale tan		
6"	19	44	Shale tan		
	44	51	Clay Tan		
	51	91	Shale light Green		
	91	100	Shale gray w/water	X	
	100	125	Shale gray w/water	X	
	125	200	Shale gray w/water	X	
20 g.p.m. Total					

RECEIVED

OCT 12 2000

Department of Water Resources

Completed _____ Depth 200 (Measurable)
Date: Started 9-7-2000 Completed 9-8-2000

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 Always Drilling Firm No. 310

Firm Official Stanley K. ... Date 10-2-2000

and Driller or Operator Alvin Carris Date 10-2-2000

(Sign once if Firm Official & Operator)