

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

USE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

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 Kirby Clot
Rt 1 Box 57C
Address St. Maries, Id 83861
Owner's Permit No. 95-89-11-923

7. WATER LEVEL

Static water level 175 feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as
materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
20 GPM EST.	230	1hr

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 _____ inches Diameter _____ inches + _____ feet _____ 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

☒ Bentonite ☐ Puddling clay ☒ CLAY

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strata

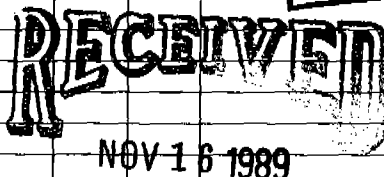
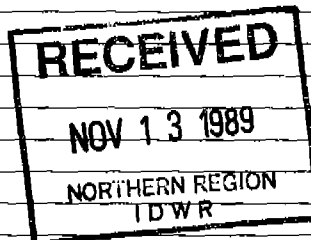
Describe access port _____

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	7	Brown Clay		X
8	7	38	Basalt		X
8	38	57	Clay Brown		X
6	57	235	Broken Basalt with clay mix	X	

Drilled 8 inch hole
235 feet cased 6 inch
to surface.

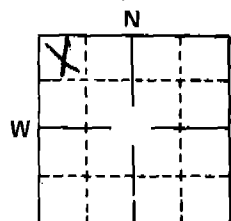
Water was hit at 225
to 250 flooded zone



Department of Water Resources

6. LOCATION OF WELL

Sketch map location must agree with written location.



Submission Name _____

JUN 10 1991

Lot No. _____ Block No. _____

County Benedict 46N 3W
N/4 1/4 Sec. 14 T. 34N R. 10E

10. Work started 11-6-89 finished 11-7-89

11. DRILLERS CERTIFICATION

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

UNITED DRILLING INC.

Firm Name _____ Firm No. 414

P. O. BOX 2499 CD'A Id 83814

Address _____ Date _____

Signed by (Firm Official) Ed R. Volking

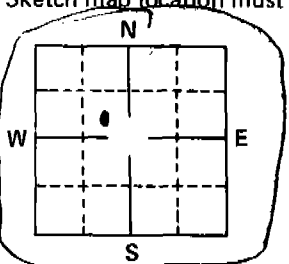
and

(Operator) Tim Volking

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g.B.

1. WELL OWNER Name <u>Kirby Clot</u> Address <u>Rt. 1, Box 55 I, St. Maries, ID 83861</u> Owner's Permit No. <u>95-81-N-15</u>	7. WATER LEVEL Static water level <u>120</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality <u>Cloudy</u>																																																
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[illegible]

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