Form 238-7
7/98

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Western Consulting and
Management Services
JUL 18 2001

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: : :

1. WELL TAG NO. D0017374
Drilling Permit No.
Other IDWR No. 769815

2. OWNER — Well Number: 263
Name JEFF WILLARD
Address 801 Q STREET
City PLUMMER State ID Zip 83851

3. LOCATION OF WELL by legal description
sketch map location must agree with written location

(Sketch map grid with X in SW corner; N, S, E marked)

Twp. 46 ☑ North or ☐ South
Rge. 4 ☐ East or ☑ West
Sec. 30 SW 1/4 SW 1/4 ____ 1/4
Gov't Lot_____ County BENEWAH
Lat: : : Long: : :
Address of Well Site OFF JOHNSON LAN
City PLUMMER
(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	12 BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 135
Was drive shoe seal tested? ☐ Y ☐ N How?_

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	120	180	160	PVC	☐	☑	☐	☐
6	+2	135	250	STEEL	☑	☐	☑	☐

Length of Headpipe ________ Length of Tailpipe ________

9. PERFORATIONS/SCREENS
☑ Perforations Method SKILLSAW
☐ Screens Screen Type________

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
160	180	1/8 X 8	48	4	PVC	☐	☑

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
56 ft. below ground Artesian pressure______ lb.
Depth flow encountered_____ ft. Describe access port or control devices: ________

46N 4W 30

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 56

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	3	TOP SOIL	☐	☐
8	3	45	BROWN CLAY	☐	☐
6	45	50	TAN CLAY	☐	☐
6	50	64	YELLOW CLAY	☐	☐
6	64	85	TAN CLAY	☐	☐
6	85	115	DARK BROWN CLAY	☐	☐
6	115	125	DARK GRAY CLAY	☐	☐
6	125	170	SAND STONE	☑	☐
6	170	180	BASALT	☐	☐

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SEP 11 2001

Completed Depth 180 (Measurable)
Date: Started 7/11/01 Completed 7/11/01

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name H2O WellService Inc. Firm No. 448
Firm Official [signature] Date 7-16-01
and
Supervisor or Operator [signature] Date 7-11-01
(Sign Once if Firm Official and Operator)

Jim McLeslie