Form 238-7

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 87-95-D-0063-000
Other IDWR No. _____

2. OWNER.
Name Walter SAPP
Address 325 4th St. SE
City PAYALLUP State WA Zip 98390

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

N / W / E / S — X

Twp. 41N North ☐ or South ☐
Rge. 04W East ☐ or West ☐
Sec. 18 ____ 10 acres ____ 1/4 ____ 10 acres ____ 1/4 ____ 160 acres 1/4
Gov't Lot 3 County LATAH
Lat: : : Long: : :

Address of Well Site LISHER CUTOFF RD.
Rock Creek CEMETARY City POTLATCH
(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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENONITE	1	12	3	dry

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+1	12'	.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
142 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

GL 3 18 41N 4W

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

Yield gal./min.	Drawdown	Pumping Level	Time
3 GPM			

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
12	0	1	SOIL		X
12	1	14	CLAY		X
12	14	22	BASALT - Gray Med.		X
6	22	102	" - G "		X
"	102	126	CLAY		X
"	126	159	BASALT - Gray Med.		X
"	159	241	" - Weathered	X	
"	241	305	BASALT - Gra. MED	X	

Completed Depth 305 (Measurable)
Date: Started 5/07/96 Completed 5/14/96

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 McPHERSON & WRIGHT DRILLING Firm No. 0376
2246 Burrell
Lewiston, Idaho 83501
Firm Official _____ Date _____
and
Supervisor or Operator _____ Date 6/24/96
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES