

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0033558

DRILLING PERMIT NO. 811 775

Water Right or Injection Well No. _____

2. OWNER:

Name Ed Honcik

Address 12505 N. Sherwood Ct.

City Hayden State ID Zip 83835

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 49 North ☒ or South ☐Rge. 3 East ☐ or West ☒

Sec. 4 1/4 SW 1/4 NE 1/4

Gov't Lot _____ 10 acres County Kootenai 40 acres 160 acres

Lat. : : Long. : :

Address of Well Site 4851 Lisa Road

City Harrison

(Give at least name of road + Distance to Road or Landmark)

Lt. 11 Blk. 1 Sub. Name Grandview Estates

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	250#	dry granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 623'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	623	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

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

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

354 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

49 N 36 W 4

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp. _____	Rge. _____	Sec. _____	
1/4 _____		1/4 _____ 1/4 _____	
Lat. : : _____		Long. : : _____	

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8-10 gpm			6 hrs

Water Temp. _____

Bottom hole temp. _____

Water Quality test or comments: Cloudy but clear after 4 hrs

Depth first Water Encounter 448

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	1	Topsoil		
	1	18	Clay, tan, soft		
8	18	33	Clay, tan, soft		
	33	54	Clay, dark brown		
	54	56	Basalt, soft		
	56	63	Clay, tan		
	63	69	Clay, orange		
	69	128	Clay, brown		
	128	156	Basalt, grey		
	156	206	Basalt, hard		
	206	245	Basalt, medium		
	245	271	Clay, grey		
	271	283	Clay, tan		
	283	296	Basalt, vesicular, soft		
	296	448	Basalt, hard		
	448	453	Basalt, broken 3 gpm	x	
	453	496	Basalt, soft		
	496	532	Clay, tan, soft		
	532	544	Clay, tan, hard		
	544	578	Clay, tan, soft		
	578	580	Clay, grey		
	580	620	Sand, grey		
	620	623	Clay, grey, hard		
	623	625	Gravel, angular shale, tan	x	
			blue, green 10 gpm		
	625	630	Clay, gravel		
	630	641	Clay, grey		
	641	665	Clay, green		
	665	678	Clay, grey		
	678	684	Clay, brown		
	684	691	Clay, tan and grey		
	691	700	Clay, brown		
			NOTE: Shale trap @ 323'		

Completed Depth 700'

(Measurable)

Date: Started 03-18-04 Completed 04-01-04

14. DRILLER'S CERTIFICATION

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

Company Name McCarty Drilling & Pump Inc. Firm No. 586

Principal Driller *Burt McCarty* Date 4-12-04

and Driller or Operator II _____ Date _____

Operator I *Mike Mitchell* Date 4-12-04

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES