

1. DRILLING PERMIT NO. 83312-4
Other IDWR No. D0040015

2. OWNER:

Name Wally Adams
Address W 1112 Appleway
City Coeur d'Alene State ID Zip 83814

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

W  E
Twp. 52 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 36 $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$
10 acres 40 acres 60 acres
S Gov't lot _____ County Kootenai

Lat: 47:48:848 Long: 116:46:260

Address of Well Site 15663 N Ridgeway Ln

City Hayden

(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	20	250lbs		Dry Granular	

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
6"	+2'	38'	250	Steel	☒	☐	☒	☐
4"	5'	182'	160	PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method saw cut 6" x 1/8"
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
162'	182'	1/8"	33	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

Depth flow encountered _____ ft. Artesian Pressure _____ lb
Describe access port or control

52N 4W 36

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
3 GPM			4 hrs

Water Temp. <u>Cold</u>	Bottom hole temp.
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Water Quality test or comments: Clear

Depth first Water Encountered 47

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth: 182 (Measurable)
Date: Started 5/10/05 Completed 5/13/05

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 McCarty Drilling & Pump Inc

Firm No. 586

Firm Officials

Date 5-24-05

Supervisor or Operator

Date _____

(Sign once if Firm Official & Operator)