

Form 2387
11/97

NOV 16 2000

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat : : Long: : :

1. WELL TAG NO. D 0013895

DRILLING PERMIT NO. _____
Other IDWR No. 767012

2. OWNER: George Durrin
Name _____
Address 32000 N. Sheep Springs Rd.
City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 W E
 Twp. 53 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 5 W1 SW 1/4 SE 1/4
 Gov't Lot _____
 County Koorenai
 Lat. : : Long. : :

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

Lt. Bk. 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		
benzoinite	0	30	200*	overbase	

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	563	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:

465 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices:

53N 3W 5

11. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30 gpm		465'	2:00

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

Completed Depth 563' (Measurable)
Date: Started 10/10/2000 Completed 10/20/2000

13. DRILLER'S CERTIFICATION

1/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

Firm Official [Signature] Date 10-25-2000

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES