

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0033983
DRILLING PERMIT NO. 819662
Water Right or Injection Well No. _____

2. OWNER:
Name Todd Stam Well # 2
Address 10636 N. Gov't Way
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. 53N North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 35 1/4 NW 1/4 SE 1/4
Gov't Lot _____
County Kootenai

Lat: N 47° 53' : 604 Long: W 116° 55' : 392
Address of Well Site _____

(Give at least name of road - Distance to Road or Landmark)
City Twin Lakes
Lt. _____ Blk. _____ Sub. Name Aspens on the Lk

4. USE:

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

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	30	400#	dry granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'

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	200	160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw cut 1/8"x 6" slot

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
180	200	1/8	36	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
4-5			4 hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: cloudy then clear

Depth first Water Encounter 81

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
10	0	1	Topsoil			
	1	11	Sand, silt, brown			
	11	18	Sand, dark brown			
8	18	24	Shale, decomposed			
	24	34	Shale, brown, soft			
	34	40	Shale, grey, white, soft			
6	40	46	Shale, grey, medium			
	46	78	Shale, grey, white, black			
	78	96	Shale, white w/brown, soft & broken lenses 3 gpm	x		
	96	102	Shale, grey, medium			
	102	106	Shale, brown, soft 1/2 gpm	x		
	106	128	Shale, white			
	128	134	Shale, white, grey, rose			
	134	140	Shale, grey, white, green			
	140	166	Shale, grey, rose, grn., wht			
	166	186	Shale, grey, white 1 gpm	x		
	186	200	Shale, grey, black, white			

RECEIVED

JUL 21 2004

IDWR North

Completed Depth 200' (Measurable)

Date: Started Friday 07/09/04 Completed 07/12/04

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 Brent McCarty Date 7-19-04

and Driller or Operator II Mike McCarty Date 7-19-04

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

53N 5W 35