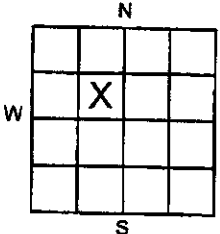


IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. **D0044995** **RECEIVED**
 DRILLING PERMIT N **841104**
 Other IDWR No _____ **SEP - 5 2006**

2. OWNER:
 Name **Michelle Porter** **IDWR/North**
 Address **804 Autumn Crest Loop**
 City **Post Falls** State ID _____ Zip **83854**

3. LOCATION OF WELL by legal description:

 Twp **53N** North ☒ or South ☐
 Rge **03W** East ☐ or West ☒
 Sec **03** 1/4 **SE** 1/4 **NW** 1/4
 Gov't Lot _____ County **Kootenai**
 Lat _____ Long _____
 Address of Well Site: (see next line)
 Arthur Road _____ City **Athol**
 Lot _____ Blk _____ Sub. Name (see next line) _____

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/Lbs	
Bentonite gran.	0	18	12 sacks	dry pour

 Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) _____ Ring bit #422
 Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6	2	422	0.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

 Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations? Method **air perforator**
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
400	420	1/4 X	200	6	steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE
 360 ft. below ground. Artesian pressure _____ lb.
 Depth flow encountered 360 ft. Describe access port or control devices: **steel cap welded**

11. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pump Level	Time
10+	100%	420	1 hr.

Water Temp. _____ cold Bottom hole temp. _____ cold
 Water Quality test or comments: (below) Depth first Water Encountered 360
 clear, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Remarks:	
				Y	N
8	0	1	Topsoil	☐	☒
8	1	18	Sand & gravel - 3/4" minus	☐	☒
8	18	125	Sand & gravel - 1/2" minus	☐	☒
8	125	260	Sand & gravel - 1/4" minus	☐	☒
8	260	300	Sand & gravel - fine	☐	☒
8	300	360	Sand & gravel - 3/4" minus	☐	☒
8	360	419	Sand & gravel - 3/4" minus	☒	☐
8	419	422	Boulder	☐	☒

Completed Dept _____ 422 (Measurable)
 Date: Started 7/31/2006 Completed 8/2/2006

13. DRILLERS CERTIFICATION

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

Firm Name **United Drilling Inc.** Firm No **414**
 Firm Official **Jason C. Beckham** Date **8/2/2006**
 Supervisor or Operator **Jason C. Beckham** Date **8/2/2006**

S3N 3W 3