

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 D0044951
 DRILLING PERMIT NO. 840396
 Water Right or Injection Well No. _____

2. OWNER:

Name CHAD McEWAN
 Address 2835 TOPFLIGHT DR.
 City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description:

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

Twp. 4S North ☒ or South ☐
 Rge. 1 East ☐ or West ☒
 Sec. 9 1/4 N/W 1/4 N/W 1/4
 Gov't Lot _____
 County KOOTENAI
 Lat: _____ Long: _____
 Address of Well Site BULL RUN Rd. 1.3 miles
EAST SOUTH SIDE City ST. MARIES
 (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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>98</u>	<u>14 ss</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ ☐ N Shoe Depth(s) 98
 Was drive shoe seal tested? ☒ ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-98</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-20</u>	<u>-282</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-222</u>	<u>-282</u>	<u>3/4</u>	<u>48</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

126 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 240 ft. Describe access port or control devices: well cap
48N 1W 9

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>6 gpm</u>	<u>Air lift from</u>	<u>282</u>	

Water Temp. 50° Bottom hole temp. _____
 Water Quality test or comments: slightly cloudy
 Depth first Water Encounter 240

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8"</u>	<u>0</u>	<u>1</u>	<u>Top Soil</u>			
	<u>1</u>	<u>5</u>	<u>Clay - Brown</u>			
	<u>5</u>	<u>88</u>	<u>Shale - Tan w/ Brown clay</u>			
	<u>55</u>	<u>80</u>	<u>Shale - Gray - Broken</u>			
	<u>80</u>	<u>98</u>	<u>Shale - Gray</u>			
<u>6"</u>	<u>98</u>	<u>240</u>	<u>Shale - Gray</u>			
	<u>240</u>	<u>242</u>	<u>Shale - Gray w/water</u>	☒		
			<u>3 gpm</u>			
	<u>242</u>	<u>260</u>	<u>Shale gray</u>			
	<u>260</u>	<u>265</u>	<u>Shale gray w/water</u>	☒		
			<u>3 gpm</u>			
	<u>265</u>	<u>282</u>	<u>Shale gray</u>			

RECEIVED
 JUL 28 2006
 IDWR/North

Completed Depth 282 (Measurable)
 Date: Started 6-21-06 Completed 6-25-06

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 ACTION DRILLING Firm No. 618
 Principal Driller ALVIN CARRIS Date 7-15-06
 and _____ Date _____
 Driller or Operator II _____ Date _____
 Operator I Alvin Carris Date 7-15-06
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.