

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0054665

DRILLING PERMIT NO _____

Water Right or Injection Well No. _____

2. OWNER:

Name HAUSER RIDGE HOME OWNERS ASSOCIATION

Address 15290 N. MOBBS RD.

City HAUSER State ID Zip 83854

3. LOCATION OF WELL by legal description:

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

Twp. 51 North ☒ or South ☐Rge. 6 East ☐ or West ☒

Sec. 01 1/4 NE 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site 15400 N. MOBBS RD.

City HAUSER

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other 5 FAMILY SYST.

5. TYPE OF WORK check all that apply

☒ 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
BENTONITE	0	20	7 SACKS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 65'Was drive shoe seal tested? ☒ Y ☐ N How? AIR PRESSURE

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	65	.250	STEEL	☒	☐	☒	☐
4"	20	440	SCH40	PVC	☐	☒	☐	☒

Length of Headpipe 67' Length of Tailpipe 420'

Packer ☐ Y ☒ N Type _____

9. PERFORATINS/SCREENS PACKER TYPE

Perforation Method	SKILL SAW						
Screen Type & Installation	From	To	Slot Size	Number	Diameter	Material	
	380	440	1/8X6	100	4"	PVC	

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 Ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

BOLT ON CAP

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

12. Well Tests:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15 GPM			

Water Temp. COLD Bottom hole temp COLD

Water Quality test or comments: APPEARS CLEAR W/NO ODOR

Depth first Water Encounter 97'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	20	DECOMPOSED GRANITE		
			SAND & COBBLES		X
8	20	54	GRANITE, BROWN, DECOMP		X
8	54	65	GRANITE, BROWN, WHITE		X
6	65	95	GRANITE, GRAY		X
		97	BROKEN (2GPM)	X	
		310	GRANITE, GRAY, MUD		X
		320	GRANITE, GREEN, SOFT		X
		325	BROKEN		X
		325	GRANITE, SALT&PEPPER		X
6	428	433	BROKEN (13GPM)	X	
6	433	440	GRANITE, SALT&PEPPER		X
RECEIVED NOV 03 2008 IDWR/North					
Completed Depth 440			(Measurable)		
Date:	Started 7/21/08	Completed 7/22/08			

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 AMERICAN WELL DRILLING Firm No. 675
 Principal Driller *Paul H. Hannon* Date 7/22/08

 And
 Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

51N 06W 01