

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0039941

Drilling Permit No: _____

Other IDWR No. _____

2. OWNER

Well Number: _____

Name Birdsall, Fred

918

Address PO Box 985

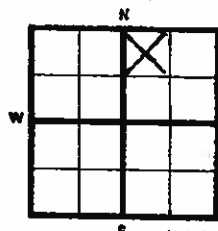
City Athol

State ID

Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 53 ☒ North or ☐ South

Rge. 3 ☐ East or ☒ West

Sec. 23 NW 1/4 NE 1/4 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site Parks Rd

City Athol

(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	550lbs	Overbore

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

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-10	450	.200	PVC	☐	☒	☐	☐
6	+2	260	.250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skill Saw

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-430	-450	1/4 X 8	48	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

250 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 250 ft. Describe access port or control devices: Welded Cap

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20			1 hr

Water Temp. Cold _____ Bottom Hole Temp Cold _____

Water Quality test or comments: Clear

Depth first Water encountered 250

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	3	Top Soil	☐	☒
10	3	18	Gravels, Clay	☐	☒
8	18	75	Gravels Cemented	☐	☒
8	75	130	Gravels small	☐	☒
8	130	135	Boulder	☐	☒
8	135	215	Gravels, Sand	☐	☒
8	215	230	Gravels Large	☐	☒
8	230	233	Boulder	☐	☒
8	233	250	Gravels	☐	☒
8	250	260	Granite 1/2 gpm	☒	☐
6	260	430	Granite Gray & White	☐	☒
6	430	435	Granite Green 4 gpm	☒	☐
6	435	440	Granite gray & white	☐	☒
6	440	450	Granite Green fracture w/ h2o	☒	☐

Corrected Legal

RECEIVED
MAY 01 2007
IDWR/North

Completed Depth 450 (Measurable)
Date: Started 3/3/2005 Completed 3/8/2005

13. DRILLER'S CERTIFICATION

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

Firm Name H2O Well Service, Inc. Firm No. 448

Firm Official [Signature] Date 3-10-05

and

Supervisor or Operator [Signature] 03/08/05

Jim McLeslie

(Sign Once if Firm Official and Operator)

53 N 3W 23

BIRDSALL

