

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. D0046266

Drilling Permit No: 842615  
Other IDWR No.

2. OWNER

Well Number:

Name KRUSE, KEITH #1 1232

Address 8325 W. CLEMETSON RD.

City COEUR D' ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

| N |  |  |  |
|---|--|--|--|
|   |  |  |  |
|   |  |  |  |
|   |  |  |  |
| S |  |  |  |

Twp. 50N ☒ North or ☐ South  
Rge. 4W ☐ East or ☒ West  
Sec. 19 NE 1/4 NE 1/4 SW 1/4  
Gov't Lot \_\_\_\_\_ County KOOTENAI  
Lat. : : Long: : :  
Address of Well Site SAME  
City COEUR D' ALENE

(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    | 30 | 350 LBS         | OVERBORE |
|                  |      |    |                 |          |
|                  |      |    |                 |          |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 37

Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

8. CASING/LINER:

| Diameter | From | To | Gauge | Material | Casing                              | Liner                    | Welded                              | Threaded                 |
|----------|------|----|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6        | +3   | 37 | .250  | STEEL    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          |                                     |                          |                                     |                          |
|          |      |    |       |          |                                     |                          |                                     |                          |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

9. PERFORATIONS/SCREENS

☐ Perforations Method \_\_\_\_\_

☐ Screens Screen Type \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|------|----|-----------|--------|----------|----------|--------|-------|
|      |    |           |        |          |          |        |       |
|      |    |           |        |          |          |        |       |
|      |    |           |        |          |          |        |       |

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

240 ft. below ground Artesian pressure \_\_\_\_\_ lb.

Depth flow encountered 260 ft. Describe access port or control devices: \_\_\_\_\_

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|------|
| 1 1/2 - 2       |          |               | 1 HR |
|                 |          |               |      |
|                 |          |               |      |

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 260

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

| Bore Diam | From | To  | Remarks: Lithology, Water Quality, Temperature | Water                               | Y                                   | N |
|-----------|------|-----|------------------------------------------------|-------------------------------------|-------------------------------------|---|
| 8         | 0    | 3   | Top Soil                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |
| 8         | 3    | 31  | Decomposed Granite                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |
| 8         | 31   | 37  | Granite                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |
| 6         | 37   | 240 | Granite                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |
| 6         | 240  | 270 | Granite                                        | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |   |
| 6         | 270  | 420 | Granite                                        | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |   |

RECEIVED  
JAN 29 2007  
IDWR/North

Completed Depth 420 (Measurable)  
Date: Started 10/5/2006 Completed 10/6/2006

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 WellService, Inc. Firm No. 448

Firm Official *Mark Ruhl* Date 10-24-07

and

Supervisor or Operator *Todd Morgan* Date 10-24-07

TODD MORGAN (Sign Once if Firm Official and Operator)

50N 4W 19