

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 0041352
 DRILLING PERMIT NO. 838982
 Water Right or Injection Well No. _____

2. OWNER:
 Name BRAD GORDON
 Address 9591 MACY LOOP
 City HAYDEN State ID Zip 83835

3. LOCATION OF WELL by legal description:

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

Twp. 52 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 22 SW 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____
 Address of Well Site POWER line Rd. City Rathdrum

LI. _____ 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>25</u>	<u>12 BAGS</u>	<u>OVERBORED</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 380' (Ring)
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>320'</u>	<u>250</u>	<u>STEEL</u>	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
 Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method AIR PERFORATOR
 Screen Type & Method of Installation NONE

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>300'</u>	<u>320</u>	<u>1/4x1</u>	<u>100</u>	<u>6</u>	<u>STEEL</u>	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

280 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>1001</u>			<u>4 Hours</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 280

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>10</u>	<u>0</u>	<u>25'</u>	<u>GRAVEL</u>			☒
<u>8</u>	<u>25</u>	<u>30'</u>	<u>BROWN Clay and GRAVEL</u>			☒
<u>8</u>	<u>30</u>	<u>107</u>	<u>GRAVEL</u>			☒
<u>8</u>	<u>107</u>	<u>114</u>	<u>BOLDER</u>			☒
<u>8</u>	<u>114</u>	<u>280</u>	<u>GRAVEL</u>			☒
<u>8</u>	<u>280</u>	<u>320</u>	<u>LARGE GRAVEL</u>		☒	

RECEIVED

APR 10 2006

IDWR/North

Completed Depth 320' (Measurable)

Date: Started 4-3-06 Completed 4-8-06

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 Horsley Drilling Inc. Firm No. 632

Principal Driller Mark Horsley Date 4-8-06

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES