

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT #2

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

1. WELL TAG NO. D 0040867
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name PAUL LAWSON
Address 1285 E ELVA DR.
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. 3 East ☐ or West ☒
Sec. 32 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County Kootenai
Lat: _____ Long: _____
Address of Well Site 14973 N. Boot Hill Rd
City HAYDEN
(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
Bentonite	0	25	135 sacks	Overbored

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 135'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	135	.250	Steel	☒	☐	☒	☐
4	20	280	.083	PVC	☐	☒	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW CUT

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
260	280	1/8x1/6	40	4"	PVC	☐	☒

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure N/A lb.
Depth flow encountered N/A ft. Describe access port or control devices: N/A

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20 GPM			4 Hours

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 260'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	25	Clay		☒
8	25	130	Clay		☒
8	130	135	Bisalt		☒
6	135	258	Bisalt		☒
6	258	261	Fractured Bisalt	☒	
6	261	280	Bisalt		☒

Completed Depth 280' (Measurable)Date: Started 10-21-05 Completed 11-1-05

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 Firm No. 632Principal Driller Mark Horsley Date 11-1-05

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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