

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 00040857
 DRILLING PERMIT NO. 836592
 Water Right or Injection Well No. _____

2. OWNER:
 Name Jason Holstein
 Address 707 Hells Gulch Rd.
 City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 46 North ☒ or South ☐
 Rge. 2 East ☐ or West ☒
 Sec. 15 1/4 N/W 1/4 S/E 1/4
 Gov't Lot _____ County BENEWAH
 Lat: _____ Long: _____
 Address of Well Site 707 Hells Gulch Rd.
 City St. Maries
 (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
<u>Bentonite</u>	<u>0</u>	<u>60</u>	<u>12 sk</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 78'
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-78</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-12</u>	<u>-152</u>	<u>160</u>	<u>PUC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-82</u>	<u>-142</u>	<u>3/4</u>	<u>46</u>	<u>4"</u>	<u>PUC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

49' ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 92' ft. Describe access port or control devices: Well Cap
46 N 2 W 15

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>45 gpm</u>	<u>Air Lift</u>	<u>from</u>	<u>152'</u>

Water Temp. 50° Bottom hole temp. _____
 Water Quality test or comments: clear no odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8"</u>	<u>0</u>	<u>5</u>	<u>Clay w/ Basalt Bolders</u>			
	<u>5</u>	<u>26</u>	<u>clay - tan w/ Basalt</u>			
	<u>26</u>	<u>65</u>	<u>clay - Brown w/ Basalt</u>			
	<u>65</u>	<u>66</u>	<u>clay - Brown w/ Basalt</u>			
			<u>w/ water 2 gpm</u>			
			<u>Dirty</u>			
	<u>66</u>	<u>78</u>	<u>Basalt - Gray</u>			
<u>6"</u>	<u>78</u>	<u>92</u>	<u>Basalt - Gray</u>			
	<u>92</u>	<u>100</u>	<u>Basalt - Broken w/ water</u>			
			<u>10 gpm</u>			
	<u>100</u>	<u>120</u>	<u>Basalt Broken w/ water</u>			
			<u>25 gpm total</u>			
	<u>120</u>	<u>145</u>	<u>Basalt Broken w/ water</u>			
			<u>45 gpm total</u>			
	<u>145</u>	<u>152</u>	<u>Clay - Gray</u>			

RECEIVED
 NOV 04 2005
 IDWR/North

Completed Depth 152 (Measurable)
 Date: Started 10-7-05 Completed 10-10-05

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 Action Drilling Inc. Firm No. 618

Principal Driller Alvin Carris Date 10-22-05

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 10-22-05

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