

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 0028855
 DRILLING PERMIT NO. 808215
 Water Right or Injection Well No. _____

2. OWNER:
 Name Bernie Weber
 Address 16825 So. Weber Dr.
 City Chandler State AZ Zip 85226

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 50 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 12 1/4 SE 1/4 NE 1/4
 Gov't Lot _____
 Lat: _____ Long: _____
 Address of Well Site Coach Lane Estates
 City Post Falls
 (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	18	400 lbs	OVERBORE/POUR AND

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18'
 Was drive shoe seal tested? ☒ Y ☐ N How? AIR

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	250	STEEL	☒	☐	☐	☐
4	-5	300	200	PVC	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SKIL SAW (SAW CUT)
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
180	200	1/8	40	4	PVC	☐	☒
280	300	1/8	40	4	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

50N 5W 12

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
14-15 ESTIMATE			

Water Temp. COLD Bottom hole temp. COLD
 Water Quality test or comments: CLEAR

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water
 Depth first Water Encounter 92'

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	3	GRANITE BROKEN GRAY		X
10	3	18	GRANITE BLACK/WHITE MED		X
6	18	29	GRANITE B/W - MED w/FRACS		Y
6	29	34	" BROWN/WHITE SOFT		Y
6	34	54	" GRAY/WHITE MED		Y
6	54	92	" B/W MED		X
6	92	94	" B/W MED / FRACTURED	X	
6	94	121	" B/W MED		X
6	121	126	" GRAY FRAC. MED		Y
6	126	175	" B/W HARD		Y
6	175	219	" B/W MED		X
6	219	233	" B/W MED FRACTURED	X	
6	233	256	" B/W MED		X
6	256	265	" B/W SOFT FRAC.		X
6	265	270	" B/W HARD		X
6	270	300	" B/W MED w/ QUARTZ SEAMS		X

RECEIVED

OCT 30 2003

IDWR North

Completed Depth 300' (Measurable)
 Date: Started 10/28/03 Completed 10/28/03

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 FOGLE Pump Firm No. 537

Principal Driller [Signature] Date 10/28/03

Driller or Operator II _____ Date _____

Operator I [Signature] Date 10/28/03

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