

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0056492

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: Cindy L. Chevalier

Name _____

Address 27143 So. Ator hill Rd

City Worley State ID Zip 83876

3. WELL LOCATION:

Twp. 47 North ☒ or South ☐ Rge. 4 East ☐ or West ☒

Sec. 10 1/4 N/E 1/4 N/W 1/4

Gov't Lot _____ County Kootenai

Lat. N 47° 22.557 (Deg. and Decimal minutes)

Long. W 116° 42.319 (Deg. and Decimal minutes)

Address of Well Site 27143 So. Ator hill Rd.

City Worley

(Give at least name of road + Distance to Road or Landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection

☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well

☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
<u>Granular</u>	<u>0</u>	<u>-60</u>	<u>18 Sacks</u>	<u>Pour</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>+2</u>	<u>-60</u>	<u>250</u>	<u>Steel</u>	☐	☐	☐	☒
<u>4"</u>	<u>-20</u>	<u>-300</u>	<u>160</u>	<u>PVC Plastic</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drill

Manufactured screen ☐ Y ☒ N Type _____

Method of installation lowered in hole

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>-240</u>	<u>-300</u>	<u>3/4</u>	<u>60</u>	<u>4"</u>	<u>PVC Plastic</u>	<u>160 Psi</u>

Length of Headpipe N/A Length of Tailpipe N/A

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
<u>N/A</u>				
<u>N/A</u>				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device Well Cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 75 Static water level (ft) 26

Water temp. (°F) 52° Bottom hole temp. (°F) _____

Describe access port Well Cap

Well test: _____ Test method: _____

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	<u>5.6 gpm</u>	<u>1 hr</u>	☐	☐	☒	☐

Water quality test or comments: Clean

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
<u>10</u>	<u>0</u>	<u>10</u>	<u>Hard Clay</u>		
	<u>10</u>	<u>20</u>	<u>Basalt w/ clay</u>		
	<u>20</u>	<u>40</u>	<u>Basalt med</u>		
	<u>40</u>	<u>45</u>	<u>Basalt soft</u>		
	<u>45</u>	<u>60</u>	<u>Hard Basalt</u>		
<u>8</u>	<u>60</u>	<u>75</u>	<u>Basalt med</u>		
	<u>75</u>	<u>80</u>	<u>Hard Basalt</u>		
	<u>80</u>	<u>120</u>	<u>Hard Basalt</u>		
	<u>120</u>	<u>160</u>	<u>Hard Basalt</u>		
	<u>160</u>	<u>200</u>	<u>med Basalt</u>		
	<u>200</u>	<u>210</u>	<u>med Basalt</u>		
	<u>210</u>	<u>240</u>	<u>Hard Basalt</u>		
	<u>240</u>	<u>300</u>	<u>Hard Basalt</u>		

RECEIVED

SEP 10 2009

IDWR/North



Completed Depth (Measurable): 300 ft

Date Started: 8-21-09 Date Completed: 8-26-09

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. Co. No. 618

*Principal Driller Alvin Carris Date 9-8-09

*Driller Alvin Carris Date 9-8-09

*Operator II Shawn Hansen Date 9-8-09

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.