

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: _____ Long: _____

1. WELL TAG NO. D0035344Drilling Permit No: 823560

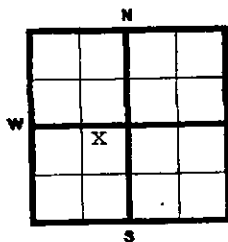
Other IDWR No. _____

2. OWNER

Name Wilkey, DebbieWell Number: 804Address 212 Ironwood Suite D-152City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 51 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 21 1/4 NE 1/4 SW 1/4Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site 5763 King RoadCity Hayden Lake

(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	600 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 72'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	72	.250	Steel	☒	☐	☒	☐
4	-1	401	.200	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skill saw☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
381	401	1/8x6	50	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

250 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>2 1/2</u>			<u>1hr</u>

Water Temp. Cold Bottom Hole Temp ColdWater Quality test or comments: ClearDepth first Water encountered 160

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	2	Fill	☐	☒
8	2	6	Top Soil	☐	☒
8	6	66	Gravels w/Clay	☐	☒
8	66	72	Decomp Granite	☐	☒
6	72	90	Granite White w/Black	☐	☒
6	90	150	Granite White w/Gray	☐	☒
6	150	169	Granite White w/Gray	☒	☐
6	169	221	Granite White w/Black	☐	☒
6	221	229	Granite Black w/White	☐	☒
6	229	348	Granite White w/Black	☐	☒
6	348	370	Granite White w/Black	☒	☐
6	370	401	Granite White w/Black	☐	☒

RECEIVED
SEP 08 2004
IDWR/NorthCompleted Depth 401 (Measurable)
Date: Started 8/16/2004 Completed 8/17/2004

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O Well Service, Inc. Firm No. 448Firm Official [Signature] Date 08/19/04
and [Signature] Date 08/18/04Supervisor or Operator Todd Morgan Date _____
(Sign Once If Firm Official and Operator)

EIN 3W 21