

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 46400
DRILLING PERMIT NO. 843430
Water Right or Injection Well No. _____

2. OWNER:

Name Nancy Jo and George Daniels
Address P.O. Box 511
City Blanchard State ID Zip 83804

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 54 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 23 NW 1/4 NE 1/4 NW 1/4
Gov't Lot _____ County BONNER

Lat: _____ Long: _____
Address of Well Site Hummingbird Lane
City Blanchard

(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	23	10-50 bags	Overbored

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 160' (Ring)

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" +2	160'	250'		Steel	☒	☐	☒	☐
4" -20	300'	350'		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 N/A

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
300'	340'	1/8x6	70	4"	PVC	☒	☒

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

140 ft. below ground Artesian pressure _____ lb.

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

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25			4 Hours

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 190'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10"	0	15	SAND GRAVEL		X
10"	15	23	SANDY CLAY		X
8"	23	145	SAND		X
8"	145	155	FRACTURED GRANITE		X
8"	155	160	GRANITE		X
5 1/2"	160	190	GRANITE		X
5 1/2"	190	193	FRACTURED Blackshist (16 GPM)	X	
5 1/2"	193	277	Blackshist with Quartz		X
5 1/2"	277	282	FRACTURED Blackshist (15 GPM)	X	
5 1/2"	282	287	Shist		X
5 1/2"	287	289	FRACTURED Black shist (9 GPM)	X	
5 1/2"	289	300	Blackshist		X

RECEIVED
NOV 22 2006
IDWR/North

Completed Depth 300' (Measurable)

Date: Started 11-6-06 Completed 11-9-06

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. 632

Principal Driller C. Mark Horsley Date 11-9-06

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

54N 5W 23