

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0040295
DRILLING PERMIT NO. 834089
Water Right or Injection Well No. _____

2. OWNER:
Name Robert Max
Address 33038 N Sand Creek Dr.
City Spirit Lake State ID. Zip 83869

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. 5 East ☐ or West ☒
Sec. 35 1/4 S/E 1/4 S/W 1/4
Gov't Lot _____ County Beneva

Lat: _____ Long: _____
Address of Well Site 1688 Lovel Valley Rd.
City Plummer

(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>50</u>	<u>125x</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 202

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>-202</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-15</u>	<u>-282</u>	<u>160</u>	<u>PVC</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>-222</u>	<u>-262</u>	<u>3/4</u>	<u>40</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

52' ft. below ground Artesian pressure _____ lb.
Depth flow encountered 198 ft. Describe access port or control devices: _____

well cap
46 N SW 35

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
<u>25 gpm</u>	<u>Air lift from</u>	<u>282</u>	

Water Temp. 48° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 115

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>1</u>	<u>Top Soil</u>		
	<u>1</u>	<u>62</u>	<u>clay Tan</u>		
	<u>62</u>	<u>90</u>	<u>clay Red</u>		
	<u>90</u>	<u>115</u>	<u>clay Tan</u>		
	<u>115</u>	<u>120</u>	<u>clay - Sandy Red w/water</u>	☒	
			<u>10 gpm Dirty</u>		
	<u>120</u>	<u>150</u>	<u>clay - Tan</u>		
	<u>150</u>	<u>190</u>	<u>clay - Tan w/shale</u>		
	<u>190</u>	<u>202</u>	<u>shale - Tan</u>		
<u>6"</u>	<u>202</u>	<u>215</u>	<u>shale - Tan</u>		
	<u>215</u>	<u>220</u>	<u>shale - Tan w/water</u>	☒	
			<u>5 gpm</u>		
	<u>220</u>	<u>240</u>	<u>shale - Tan w/water</u>	☒	
			<u>15 gpm total</u>		
	<u>240</u>	<u>260</u>	<u>shale - Tan w/water</u>	☒	
			<u>25 gpm total</u>		
	<u>260</u>	<u>282</u>	<u>shale - Tan</u>		

RECEIVED

JUL 26 2005

IDWR/North

Completed Depth 282 (Measurable)

Date: Started 6-15-05 Completed 6-17-05

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 7-15-05

and Driller or Operator ft Date _____

Operator I Alvin Carris Date 7-15-05

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