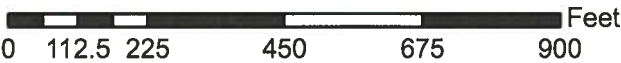


APPLICATION



- Legend**
- QQ
 - Taxlots
 - Application POD
 - Application POU
 - Township/Range
 - Sections



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 00035546
 DRILLING PERMIT NO. 825105
 Water Right or Injection Well No. _____

2. OWNER:
 Name Elizabeth + Karl Weresch
 Address P.O. Box 243
 City Santa State ID Zip 83866

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 44 North ☒ or South ☐
 Rge. 1 East ☐ or West ☒
 Sec. 11 1/4 N/E 1/4 S/W 1/4
 Gov't Lot _____ County Benewah
 Lat: : : Long: _____
 Address of Well Site 1857 Pokie Creek Drive
 City Santa

(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>25</u>	<u>75X</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 36'
 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>+1</u>	<u>-36</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-10</u>	<u>-263</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>-223</u>	<u>-263</u>	<u>1"</u>	<u>24</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

166 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 230 ft. Describe access port or control devices: _____
Well Cap

44N 1W 11

12. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>69gpm</u>	<u>Air lift</u>	<u>from</u>	<u>263</u>

Water Temp. 54° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 180'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>8</u>	<u>Clay - Tan</u>		
	<u>8</u>	<u>12</u>	<u>Clay - Gray</u>		
	<u>12</u>	<u>17</u>	<u>Clay - White</u>		
	<u>17</u>	<u>36</u>	<u>Basalt - Gray</u>		
<u>6"</u>	<u>36</u>	<u>180</u>	<u>Basalt - Gray</u>		
	<u>180</u>	<u>181</u>	<u>Basalt - Gray w/water</u>		
			<u>19gpm</u>		
	<u>181</u>	<u>230</u>	<u>Basalt - Gray</u>		
	<u>230</u>	<u>240</u>	<u>Basalt - Gray - Broken</u>		
			<u>w/water 59gpm</u>		
	<u>240</u>	<u>263</u>	<u>Basalt - Gray</u>		

RECEIVED

10/14

Completed Depth 263 (Measurable)

Date: Started 10-4-04 Completed 10-6-04

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 Firm No. 618

Principal Driller Alvin Carri Date 10-14-04

and Driller or Operator II _____ Date _____

Operator I Alvin Carri Date 10-14-04

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