

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 53918
DRILLING PERMIT NO. 848391
Water Right or Injection Well No. _____



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

12. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min. <u>8-10</u>	Drawdown _____	Pumping Level _____	Time <u>4 Hours</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

2. OWNER: CORRECTED REPORT

Name George Bomar
Address Good Hope Rd.
City Arhol State ID Zip 83801

3. LOCATION OF WELL by legal description:

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

Twp. 53 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 182A SE 1/4 NE 1/4
Gov't Lot 53 County Bonner 10 acres 40 acres 160 acres

Lat: _____ Long: _____
Address of Well Site 111000 PARKS Rd.

(Give at least name of road + Distance to Road or Landmark.)
City Arhol
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

☐ New Well ☒ Modify ☐ Abandonment ☐ Other Deepened (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
		<u>N/A</u>		

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>4</u>	<u>-8</u>	<u>620</u>	<u>3/4</u>	<u>PLC</u>	☐	☒	☐	☒

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 _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>620</u>	<u>520</u>	<u>1/8x1/16</u>	<u>100</u>	<u>4</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
		<u>N/A</u>		

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8</u>	<u>0</u>	<u>168</u>	<u>CASING</u>			☒
<u>6</u>	<u>168</u>	<u>200</u>	<u>CASING</u>			☒
<u>6</u>	<u>200</u>	<u>375</u>	<u>Old Well</u>	<u>1/2 GPM</u>	☒	
<u>5 1/2</u>	<u>375</u>	<u>590</u>	<u>GRANITE</u>			☒
<u>5 1/2</u>	<u>590</u>	<u>592</u>	<u>FRactured GRANITE 8-10 GPM</u>		☒	
<u>5 1/2</u>	<u>592</u>	<u>600</u>	<u>GRANITE</u>			☒

RECEIVED

NOV 23 2007

IDWR/North

RECEIVED

AUG 21 2007

IDWR/North

Completed Depth 600 (Measurable)
Date: Started 8-8-07 Completed 8-9-07

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 inc Firm No. 632

Principal Driller C. Mark Horsley Date 8-9-07

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

53N 3W 24