

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 46149
DRILLING PERMIT NO. 842477
Water Right or Injection Well No. _____

2. OWNER:
Name George Bomar
Address Good Hope Rd.
City Arthol 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. 24 NE 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County Kootenai

Lat: _____ Long: _____
Address of Well Site Lewellen Creek Rd

(Give at least name of road - Distance to Road or Landmark) City Arthol

Lt. _____ Blk. _____ Sub. Name None

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>22</u>	<u>10-50 SACKS</u>	<u>OVERBORED</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) (Ring) 300'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>12</u>	<u>300'</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
Packer ☐ Y ☐ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method N/A
Screen Type & Method of Installation N/A

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
		<u>N/A</u>				☐	☐

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>8</u>			<u>4 Hours</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>22</u>	<u>GRAVEL</u>		☒
<u>8</u>	<u>22</u>	<u>115</u>	<u>SAND GRAVEL</u>		☒
<u>8</u>	<u>115</u>	<u>119</u>	<u>Boulder</u>		☒
<u>8</u>	<u>119</u>	<u>285</u>	<u>SAND GRAVEL</u>		☒
<u>8</u>	<u>285</u>	<u>286</u>	<u>Weather GRANITE</u>		☒
<u>8</u>	<u>286</u>	<u>300</u>	<u>GRANITE</u>		☒
<u>5 1/2</u>	<u>300</u>	<u>335</u>	<u>GRANITE</u>		☒
<u>5 1/2</u>	<u>335</u>	<u>437</u>	<u>Fractured GRANITE</u>	☒	
			<u>(5 GPM)</u>		
<u>5 1/2</u>	<u>437</u>	<u>500</u>	<u>GRANITE</u>		☒
<u>5 1/2</u>	<u>500</u>	<u>503</u>	<u>Fractured GRANITE</u>	☒	
<u>5 1/2</u>	<u>503</u>	<u>515</u>	<u>GRANITE</u>		☒
<u>5 1/2</u>	<u>515</u>	<u>520</u>	<u>Fractured GRANITE</u>	☒	
			<u>(3 GPM)</u>		
<u>5 1/2</u>	<u>520</u>	<u>560</u>	<u>GRANITE</u>		☒

RECEIVED

JUL 26 2006

IDWR/North

RECEIVED

JAN 04

IDWR/North

Completed Depth 560 (Measurable)

Date: Started 10-2-06 Completed 10-5-06

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 10-9-06

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

53 N 3 W 24

FORWARD WHITE COPY TO WATER RESOURCES