

WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long: :

1. WELL TAG NO. D0040338

Drilling Permit No: 834536
Other IDWR No. _____

2. OWNER

Name BRIGGS, JOHN & JUDY Well Number 997

Address 3616 TIMOTHY LANE

City CD/A State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		S	
W		E	

Twp. 50 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 33 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :

Address of Well Site 3616 TIMOTHY LANE

City CD/A

(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	200 LBS	OVERBORE

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

Was drive shoe seal tested? ☐ Y ☐ N How? RB-82'

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner Welded	Threaded
6	+2	82	.250	STEEL	☒	☐	☒
4	-12	192	200	PVC	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKIL SAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
172	192	1/8 X 6	100	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

58 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
12-15			1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 67

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	2	Top soil	☐	☒
8	2	14	Clay w/gravels	☐	☒
8	14	38	Basalt broken	☐	☒
8	38	67	Basalt broken w/clay	☒	☐
8	67	82	Basalt	☐	☒
5.5	82	180	Basalt	☐	☒
5.5	180	190	Basalt	☒	☐
5.5	190	192	Clay black	☐	☒

RECEIVED
AUG 15 2005
IDWR/North

Completed Depth 192 (Measurable)
Date: Started 7/15/2005 Completed 7/19/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 7-20-05

and Supervisor or Operator [Signature] Date 7-19-05

TODD MORGAN (Sign Once if Firm Official and Operator)

50N 3W 33