

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0054518
DRILLING PERMIT NO. 851832
Water Right or Injection Well No. _____

2. OWNER:

Name Ron and Delores Dianne
Address PO Box 449
City ST. MARIES State ID Zip 83861

3. LOCATION OF WELL by legal description:

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

Twp. 47 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 18 1/4 1/4 1/4
Gov't Lot _____

Lat: 47 : 25 : 08 N Long: 116 : 37 : 87 WAddress of Well Site 10999 Wood Duck Ln, 3 miles past
Harrison, 1/2 on left, Hwy 3 City ST. MARIES

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
Bentonite	0	40	145X	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 98Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	98	2.50	Steel	☒	☐	☒	☐
4"	-28	308	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Skill Saw

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
248	308	1/2 x 5	150	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
None				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

92 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 175 ft. Describe access port or control devices: _____
Well Cap

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
12 gpm	Air lift from 308 ft		2 hrs

Water Temp. 49° Bottom hole temp. _____Water Quality test or comments: Clear No OdorDepth first Water Encounter 175

13. LITHOLOGIC LOG: (Describe repairs or abandonment!)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	8	Clay - Tan		
8	8	70	Clay - Tan - w Sand		
	70	90	Broken Basalt - w clay		
6	90	130	Soft Basalt		
	130	175	Hard Basalt w/water 7 gpm	☒	
	175	308	Hard Basalt w/water 5 gpm	☒	
RECEIVED JUN 24 2008 IDWR/North					
Completed Depth <u>308</u> (Measurable)					
Date: Started <u>6-16-08</u> Completed <u>6-17-08</u>					

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 In Tactate Drilling LLC Firm No. 68Principal Driller Ryan Suchoski Date 6-18-08and Driller or Operator II David R. Malt Date 6/18/08

Operator I _____ Date _____

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

47N 02W 18

FORWARD WHITE COPY TO WATER RESOURCES