

IDAHO DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

Office Use Only  
Inspected by \_\_\_\_\_  
Two \_\_\_\_\_ Rge \_\_\_\_\_ Sec \_\_\_\_\_  
1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_  
Lat \_\_\_\_\_ Long \_\_\_\_\_

1. WELL TAG NO. D0041342

Drilling Permit No. 838811  
Other IDWR No. \_\_\_\_\_

2. OWNER

Name Todd Hosmer

Well Number:

1128

Address 28397 S. Larch Street

City St. Maries

State ID Zip 83861

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Tw. 47 ☒ North or ☐ South  
Rge. 2 ☐ East or ☒ West  
Sec. 18 1/4 NW 1/4 SW 1/4  
Gov't Lot \_\_\_\_\_ County KOOTENAI  
Lat. \_\_\_\_\_ Long. \_\_\_\_\_

Address of Well Site 28397 S. Larch St.  
City St. Maries

(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    | 39     | 400lbs          | Overbore |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 39'

Was drive shoe seal tested? ☐ Y ☒ N How? \_\_\_\_\_

8. CASING/LINER:

| Diameter | From | To  | Gauge | Material | Casing                              | Liner                               | Welded                              | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| 6        | +1   | 39  | .250  | Steel    | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 4        | -5   | 215 | 200   | PVC      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_

Length of Tailpipe \_\_\_\_\_

9. PERFORATIONS/SCREENS

☒ Perforations Method Skill Saw

☐ Screens Screen Type \_\_\_\_\_

| From | To  | Slot Size | Number | Diameter | Material | Casing                   | Liner                               |
|------|-----|-----------|--------|----------|----------|--------------------------|-------------------------------------|
| 190  | 210 | 1/4 x 6   | 40     | 4        | PVC      | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

126 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: \_\_\_\_\_

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Arte

Yield gal./min. Drawdown Pumping Level Time  
20 \_\_\_\_\_ 1hr

Water Temp Cold Bottom Hole Temp \_\_\_\_\_

Water Quality test or comments: Clear

Depth first Water encountered 198

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

| Barre<br>Diam | Feet | To  | Remarks: Lithology, Water Quality, Temperature | Y                                   |
|---------------|------|-----|------------------------------------------------|-------------------------------------|
| 8             | 0    | 2   | Top Soil                                       | <input type="checkbox"/>            |
| 8             | 2    | 8   | Clay Brown                                     | <input type="checkbox"/>            |
| 8             | 8    | 34  | Basalt Black Brown                             | <input type="checkbox"/>            |
| 8             | 34   | 39  | Basalt Black Med                               | <input type="checkbox"/>            |
| 6             | 39   | 54  | Basalt Black Med                               | <input type="checkbox"/>            |
| 6             | 54   | 198 | Basalt Gray Med                                | <input type="checkbox"/>            |
| 6             | 198  | 210 | Basalt Gray Frac                               | <input checked="" type="checkbox"/> |
| 6             | 210  | 215 | Clay Black                                     | <input checked="" type="checkbox"/> |

**COPY**

RECEIVED

APR 17 2006

IDWR/North

RECEIVED

APR - 1 2006

IDWR/North

Completed Depth 215 (Measurable)  
Date Started 3/22/2006 Completed 3/23/2006

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 Well Service, Inc. Firm No. 448

Firm Official \_\_\_\_\_ Date 3-29-06

and

Supervisor or Operator \_\_\_\_\_ Date 3/27/06

Bob Kern

(Sign Once if Firm Official and Operator)

**47N02W18NWSW**  
**LOT 3**

WELL

