

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 0054520
 DRILLING PERMIT NO. 851953
 Water Right or Injection Well No. _____

2. OWNER:
 Name Janet L. Wilson
 Address 42674 S. Hwy 97
 City Harrison State ID Zip 83833

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 8 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 23 NE 1/4 SW 1/4
 Gov't Lot _____ County Kootenai
 Lat: 47:29:24N Long: 116:48:97W
 Address of Well Site 42674 S. Hwy 97, Accuse from
Powder Horn Bay Subdivision City Harrison
 (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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	30	15 st	Around Pipe

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s) 118
 Was drive shoe seal tested? ☒ Yes ☐ No How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	118	2.50	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Air Perforator
 Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
58	118	1/4x5	150	6"	Steel	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
None				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
42 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 95 ft. Describe access port or control devices: _____
Well Cap

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
15 gpm	Air-lift	From 118 ft	1.5 hrs

Water Temp. 47 Bottom hole temp. _____
 Water Quality test or comments: Cold & clear

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
10	0	40	Broken Shale w/clay	
8	40	62	Hard Granite	
	62	67	Soft Broken Granite	
	67	118	Hard Granite w/water	☒
			15 gpm	

RECEIVED
 JUN 27 2008
 IDWR/North

Completed Depth 118 (Measurable)
 Date: Started 6-24-08 Completed 6-25-08

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 Interstate Drilling LLC Firm No. 689
 Principal Driller Ron Smith Date 6-26-08
 and Driller or Operator II David H. Smith Date 6/26/08
 Operator I _____ Date _____
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

48N 04W 23