

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 D0028934
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Jim + Darlene Mortensen
Address 27727 East Eagle
City Cataldo State ID Zip 83810

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 48 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 26 NW 1/4 SW 1/4 SE 1/4
Gov't Lot _____ County Kootenai
Lat: _____ Long: _____
Address of Well Site 2 miles Eagle Peak Rd. City Cataldo
(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
<u>Bentonite</u>	<u>0</u>	<u>38</u>	<u>145X</u>	<u>Pour around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>12</u>	<u>-38</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-15</u>	<u>-300</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>260</u>	<u>-280</u>	<u>1"</u>	<u>16</u>	<u>4</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

132 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 168 ft. Describe access port or control devices:
well cap

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>79pm</u>	<u>Air lift from 300'</u>		

Water Temp. 62° Bottom hole temp. _____
Water Quality test or comments: Clear No odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>7</u>	<u>Clay Tan</u>		
	<u>7</u>	<u>38</u>	<u>Shale Gray Broken</u>		
	<u>38</u>	<u>45</u>	<u>Shale Gray Broken</u>		
	<u>45</u>	<u>151</u>	<u>Shale Gray w/clay</u>		
	<u>151</u>	<u>168</u>	<u>Shale Gray - Broken</u>		
	<u>168</u>	<u>175</u>	<u>Shale Gray - Broken w/water</u>		
	<u>175</u>	<u>300</u>	<u>79pm Shale Gray - Broken</u>		

Completed Depth 300 (Measurable)
Date: Started 9-8-03 Completed 9-10-03

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 Always Drilling Inc Firm No. 510
Principal Driller Stank Kwolek Date 10-6-05
and Alvin Carris Date 10-6-03
Driller or Operator II _____ Date _____
Operator I _____ Date _____

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