,238-7
.8
Partnerships Consulting and
Management Services

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by____________
Twp____ Rge_____ Sec_____
____1/4____1/4____1/4
Lat: : : Long: : :

1. WELL TAG NO. D10364
Drilling Permit No:
Other IDWR No.

2. OWNER Well Number: 908
Name KELLY, ZANE
Address 17401 E KILLARNEY LAKE
City CATALDO State ID Zip 83810

3. LOCATION OF WELL by legal description
sketch map location must agree with written location

(Sketch map grid, N at top, S at bottom, E on side; X marked in lower right square)

Twp. 48 ☑ North or ☐ South
Rge. 02 ☐ East or ☑ West
Sec. 11 ____1/4 SE 1/4 NE 1/4
Gov't Lot______ County KOOTENAI
Lat: : : Long: : :
Address of Well Site SAME AS ABOVE
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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	3.5 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☑ N Shoe Depth(s)______
Was drive shoe seal tested? ☐ Y ☐ N How?______

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☑	☐	☑	☐
4	-8	243	.160	PVC	☐	☑	☐	☐

Length of Headpipe ______ Length of Tailpipe ______

9. PERFORATIONS/SCREENS
☐ Perforations Method SKILLSAW
☐ Screens Screen Type______

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
203	243	1/8X4	170	4	PVC	☐	☑

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
70 ft. below ground Artesian pressure______lb.
Depth flow encountered______ft. Describe access port or control devices: ______

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30-40 GPM		243	2 HRS

Water Temp. ______ Bottom Hole Temp ______
Water Quality test or comments: ______
Depth first Water encountered 235

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	235	Shale Dark Gray Hard	☐	☑
6	235	243	Shale Broken Gray W/Water 30-40 GP	☑	☐

Completed Depth 243' (Measurable)
Date: Started 7/29/99 Completed 7/29/99

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 **H20 WellService, Inc.** Firm No. 448
Firm Official [signature] Date 7/29/99
and
Supervisor or Operator [signature] Date 7/29/99
(Sign Once if Firm Official and Operator)
(Louie Hamer)