

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 0054519
DRILLING PERMIT NO. 851890
Water Right or Injection Well No. _____

2. OWNER:

Name Gary Marek
Address 21941 S Eagle Peak Rd
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 1/4 1/4 1/4 1/4
Gov't Lot _____ County Kootenai
Lat: 47:28:59N Long: 116:53:41W
Address of Well Site 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>BE</u>	<u>0</u>	<u>20</u>	<u>12 Scks</u>	<u>POUR</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 28'Was drive shoe seal tested? ☒ Y ☐ N How? Ad R

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+2</u>	<u>-78</u>	<u>260</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>-26</u>	<u>-160</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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
<u>-226</u>	<u>-286</u>	<u>1/2 X 6</u>	<u>30</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:

46 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 125 ft. Describe access port or control devices: cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>50+</u>			<u>1 hr</u>

Water Temp. 48° Bottom hole temp. _____Water Quality test or comments: clear no odorDepth first Water Encounter 125

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>Top Soil</u>			☒
	<u>2</u>	<u>20</u>	<u>Clay Tan</u>			☒
<u>8</u>	<u>20</u>	<u>35</u>	<u>Clay Tan</u>			☒
	<u>35</u>	<u>65</u>	<u>Rotten Shale Brown</u>			☒
	<u>65</u>	<u>78</u>	<u>Hard Shale Blue</u>			☒
<u>6</u>	<u>78</u>	<u>140</u>	<u>Hard Shale 26GPM 125'</u>			☒
	<u>140</u>	<u>225</u>	<u>" " 36GPM 125'</u>			☒
	<u>225</u>	<u>230</u>	<u>Sst + Shale Gray 25GPM</u>			☒
	<u>230</u>	<u>240</u>	<u>Hard Shale Gray</u>			☒
	<u>240</u>	<u>288</u>	<u>Med Shale Gray 25+GPM</u>			☒

RECEIVED

JUN 24 2008

IDWR/North

Completed Depth 286 (Measurable)Date: Started 6/18/08 Completed 6/19/08

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 Inc Firm No. 689Principal Driller Rg Sullivan Date 6/20/08and Driller or Operator II Daniel Malt Date 6/20/08

Operator I _____ Date _____

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

48N 02W 26

FORWARD WHITE COPY TO WATER RESOURCES