

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat		Long	

1. DRILLING PERMIT NO. TAG#D0003547

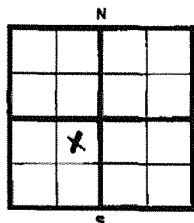
Other IDWR No. 93-97-N-4

2. OWNER

Name BERRETH, STANLEYWell Number: 645Address 204 W 16TH STREETCity POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 44 ☒ North or ☐ SouthRge. 05 ☐ East or ☒ WestSec. 34 1/4 NE 1/4 SW 1/4Gov't Lot _____ County BENEWAH

Lat: _____ Long: _____

Address of Well Site KING VALLEY RDCity DESMET

(Give at least name of road + Distance to Road or Landmark)

Bik. _____ 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	20	7 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 96Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+4	96	.250	STEEL	☒	☐	☒	☐
4	+2	118	.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
0			0	0		☐	☐
98	118	1/8X4	80	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 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
2 GPM			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	20	TOPSOIL W/Clay Brown	☐	☒
8	20	92	Clay Redish	☐	☒
8	92	121	Clay Stone Tan W/Water 2-3 gpm	☒	☐
8	121	300	Clay Red	☐	☒

Completed Depth 300' (Measurable)
Date: Started 12/29/97 Completed 12/31/97

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 WellService, Inc. Firm No. 448Firm Official [Signature] Date 1-7-98and Supervisor or Operator [Signature] Date 1-7-98

(Sign Once if Firm Official and Operator)

NE SW 34 44N 5W