

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0022682
 DRILLING PERMIT NO. 784350
 Water Right or Injection Well No. _____

RECEIVED

MAR 13 2003

2. OWNER:
 Name H. James Magnuson

Address P.O. Box 228
 City Coeur d'Alene State ID Zip 83816

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk. Sub. or Directions to well.

Twp. 49 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 10 1/4 NE 1/4 NW 1/4
 Gov't Lot _____
 County Kootenai

Lat: _____ Long: _____
 Address of Well Site 6603 S. Gould's Landing Rd.
 City Coeur d'Alene

(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	20	200#	dry granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	20	250	Steel	☒	☐	☒	☐
4"	6	426	160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw cut 1/8"x 6" slot

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
406	426	1/8"	60	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

Office Use Only
 Well ID No. _____
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 1/4 1/4 1/4
 Lat: _____ Long: _____

Yield gal./min.	Drawdown	Pumping Level	Time
1-2 gpm			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 63

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	11	Mica schist, broken		
	11	20	Mica schist, grey, broken		
	20	26	Mica schist, black & white		
	26	31	Mica schist, grey & white		
	31	63	Mica schist, grey, blk., wht,		
	63	65	Mica schist, blk, wht, soft	X	
	65	83	Mica schist, green, med-soft		
	83	91	Mica schist, grey, white		
	91	126	Mica schist, grey, blk, wht		
	126	139	Mica schist, green w/hard & soft lenses		
	139	158	Mica schist, grey, med		
	158	181	Mica schist, green, hard, soft		
	181	193	Mica schist, brown, soft	X	
	193	206	Mica schist, brn, grey, hard and soft		
	206	210	Mica schist, grey, dark		
	210	216	Mica schist, grey, drk, soft		
	216	269	Mica schist, green, hrd/soft		
	269	301	Mica schist, grey, dark		
	301	389	Mica schist, grey, hard		
	389	391	Mica schist, green, soft with hard lenses		
	391	411	Mica schist, green, grey		
	411	419	Mica schist, white w/quartz and mica		
	419	426	Mica schist, grey, medium	X	

Completed Depth 426' (Measurable)

Date: Started 08/26/02 Completed 08/27/02

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 McCarthy Drilling & Pump, Inc. Firm No. 586

Principal Driller Beethy Date 8-30-02

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

49N 4W 10