

SEP 30 1999

WELL DRILLER'S REPORT

1. WELL TAG NO. D D10531
 DRILLING PERMIT NO. 92-99-N-22-200
 Other IDWR No. _____

Name Dick E Sharon Jmes
Address po Box 3291
City Fernwood State Id Zip 85230

Sketch map location must agree with written location.

N
 W X E
 Twp. 44 N North ☒ or South ☒
 Rge. 1 W East ☒ or West ☒
 Sec. 24 1/4 3/4 1/4 3/4 1/4
 Gov't Lot _____ 10 acres 40 acres 50 acres
 County Genewah
 Lat: _____ Long: _____

Address of Well Site E/K Horn Meadow
N 1/2 from Fernwood City Fernwood
(Give at least name of road & distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☒ Other Replacement

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 Packs or ounds	METHOD
Material	From	To		
Bentonite	0	17 17.5	8	POURED

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) ~~11.5~~ 11.5

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	42	115		Steel	4	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe 72 Length of Tailpipe 115

9. PERFORATIONS/SCREENS

Perforations Method *DRilled 1/4*

Screens	Screen Type
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From	To	Slot Size	Number	Diameter	Material	Casing	Liner
275	115	1/4	60	1/4	pvc	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

136 ft. below ground Artesian pressure lb.

Depth flow encountered 240 ft. Describe access port or control devices: well cap

44 N 1 W 24

FORWARD WHITE COPY TO WATER RESOURCES

Office Use Only -

Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat: : : Long: : :

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50			

Water Temp. 51° Bottom hole temp.

Water Quality test or comments: 9000

Depth first Water Encounter 24

12. LITHOLOGIC LOG: (Describe repairs or abandonment) water

[illegible]

Completed Depth 275 (Measurable)

Date: Started 8/30/99 Completed 9/1/99

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Adwards Drilling Firm No. 510

Firm Official [Signature] Date 9/3/95

and _____ Date 6/25/01

Driller or Operator *C. M. Smith* Date *9/1/99*

(Sign once if Firm Official & Operator)



Sharon K. Imes
 P. Box 329
 Fernwood, ID 83830-0329

Print Key Output

5716SS1 V3R7M0 961108

BENEWAH

Page 04/24/00 12:38:10

Display Device : A4
 User : ASSESSOR

4/24/00

PMO100 - PARCEL MASTER INQUIRY

12:38:10

PARCEL: RP 001700100160 A F1=SL

F9=MS
 F17=DD F19=SP F23=AG

NAME/ADDRESS
 IMES, SHARON K
Ownership T44N
Range R1W
Section 324

LEGAL DESCRIPTION
 ELKHORN MEADOWS
 EHM-16 (E2NENWSW & NESENWSW)
 EHM-17 (W2NWNESW & NWSWNESW) +

PO BOX 329

CODE AREA 1500 OWNER CODE
 PARC TYPE LOC CODE 3
 EFFDATE 11221982 EXPDATE
 PREV PARCEL

FERNWOOD ID 83830

CAT	RY	QUANTITY	UN	VALUE	HO MRKT	HO EXMP	CB MRKT	OTHER
3	1999	8000	AC	1608				
7	1999	7000	AC	1091				

TOTALS 15000 2699

ENTER NEXT PARCEL NUMBER RP
 FKeys: F2=TX F3=Exit F5=SS F6=NM F7=LG A
 F8=CT F13=TM F18=HS F20=Srch F22=EU