

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 00045067
 DRILLING PERMIT NO. 840649
 Water Right or Injection Well No. _____

2. OWNER:
 Name Rodney Amen
 Address 777 SANTA MARIE LOOP
 City ST. MARIES State ID Zip 83861

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 44 N North ☒ or South ☐
 Rge. 2 W East ☐ or West ☒
 Sec. 28 SW 1/4 SW 1/4 NE 1/4
 Gov't Lot _____
 County _____
 Lat: 47 : 07 : 57.3 Long: 116 : 36 : 11.2
 Address of Well Site 777 SANTA MARIE LOOP
 City ST. MARIES
 (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 chip	0	60	800 lb	port in

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) 119
 Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" +1.5	119	453		Steel	☒	☐	☒	☐
4	3	550	SPR26	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
550	650	.060	100		PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
48 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 285 ft. Describe access port or control devices: _____

44N 2W 28

12. WELL TESTS:
☒ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>4</u>	<u>260</u>	<u>300</u>	<u>6 Hours</u>

 Water Temp. 50 Bottom hole temp. _____
 Water Quality test or comments: Clear

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
9	0	55	Tan Clay		
9	55	110	Tan Clay white streaks		
8	110	140	Bluish Green Rock		
6	140	285	Hard Black B. salt	X	
6	285	340	Hard Black + white B. salt		
6	340	460	Hard Black B. salt		
6	460	560	Hard Black and wh. B. salt		
6	560	650	Hard Black and white Basalt	X	

RECEIVED

DEC 19 2007

IDWR/North

Completed Depth 650 (Measurable)
 Date: Started 7/7/06 Completed 10/3/06

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 Tracy Moore Well Drilling Co. No. 634
 Principal Driller [Signature] Date 10/3/06
 and Driller or Operator II Tracy Moore Date 10/3/06
 Operator I _____ Date _____

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