

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0044986
DRILLING PERMIT NO 840817
Water Right or Injection Well No _____

2. OWNER:
Name Lucille Nelson
Address 2047 St Maries River Rd.
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 46 North ☒ or South ☐
Rge 2 East ☐ or West ☒
Sec 35 NE 1/4 SW 1/4 NE 1/4
Gov't Lot _____
County Bear River
Lat: _____ Long: _____
Address of Well Site 2047 St Maries River Rd.
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	0	18	300 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 76'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	0	75'	20	Steel	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SK 11 SHW
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
35'	235'	1/8"	30	4"	PRC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

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

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

Yield gal./min.	Drawdown	Pumping Level	Time
5	100%	253'	1 hr

Water Temp 60.12 Bottom hole temp _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology Water Quality & Temperature	Y	N
12"	0	18	clay Brown - Gray		
6"	18	40	clay TAN		
6"	40	74	clay Decomposed Granite		
6"	74	145	Granite 1 GPM		
6"	145	235	Granite 4 GPM		

RECEIVED
OCT 06 2006
IDWR/North

RECEIVED
JUL 21 2006
IDWR/North

SCANNED
OCT 17 2006

RECEIVED
MAR 01 2007

Department of Water Resources

Completed Depth 235' (Measurable)
Date: Started 7/13/06 Completed 7/14/06

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 Carey Pgs + Sons Firm No. 168
Principal Driller Steve Pitts Date 7-14-06
Driller or Operator II _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required
Operator I must have signature of Driller/Operator II