

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 00035204
 DRILLING PERMIT NO. 820593
 Water Right or Injection Well No. _____

2. OWNER:
 Name Mike Monteith
 Address 12479 South West Sheldrake Way
 City Beaverton State OR Zip 97007

3. LOCATION OF WELL by legal description:

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

Twp. 44 North ☒ or South ☐
 Rge. 1 East ☐ or West ☒
 Sec. 8 1/4 S/E 1/4 SW 1/4
 Gov't Lot _____
 County Benton 10 acres 40 acres 160 acres
 Lat: _____ Long: _____
 Address of Well Site 341 South River Lane
 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
<u>Bentonite</u>	<u>0</u>	<u>45</u>	<u>15 SX</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ N ☐ Shoe Depth(s) 179'
 Was drive shoe seal tested? ☒ N ☐ How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>-179</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-10</u>	<u>340</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-280</u>	<u>-340</u>	<u>3/4</u>	<u>30</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 314 ft. Describe access port or control devices: well cap
4+N 1W 8

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30 gpm</u>	<u>Air lift</u>	<u>from 340'</u>	

Water Temp. 56° Bottom hole temp. _____
 Water Quality test or comments: clear no odor

Depth first Water Encounter 95'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>12</u>	<u>Clay - Tan</u>		
	<u>12</u>	<u>32</u>	<u>Basalt - gray - Broken</u>		
	<u>32</u>	<u>70</u>	<u>Basalt - gray</u>		
	<u>70</u>	<u>95</u>	<u>Clay - gray - Hard</u>		
	<u>95</u>	<u>169</u>	<u>Sand + silt - fine</u>		
			<u>w/water 15 gpm</u>		
	<u>169</u>	<u>178</u>	<u>Basalt - Gray</u>		
<u>6"</u>	<u>178</u>	<u>314</u>	<u>Basalt - Gray</u>		
	<u>314</u>	<u>320</u>	<u>Basalt - Broken w/water</u>		
			<u>30 gpm</u>		
	<u>320</u>	<u>340</u>	<u>Basalt - Gray</u>		

RECEIVED
 AUG 30 2004
 IDWR/North

Completed Depth 340 (Measurable)
 Date: Started 7-20-04 Completed 7-25-04

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 Action Drilling Firm No. 618
 Principal Driller Alvin Carris Date 8-25-04
 and Driller or Operator II _____ Date _____
 Operator I Alvin Carris Date 8-25-04
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

WELL DRILLER'S REPORT RECEIVED

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

1. WELL TAG NO. D0017607

Drilling Permit No: _____

Other IDWR No. 770805

OCT - 1 2001

WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

2. OWNER

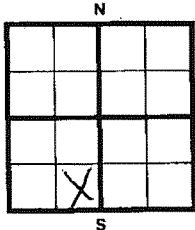
Name MIKE MONTEITH

Address 4746 NE 78TH PLACE

City PORTLANE State OR Zip 97218

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 44N ☒ North or ☐ South

Rge. 1W ☐ East or ☒ West

Sec. 8 SE 1/4 SW 1/4 1/4

Gov't Lot _____ County BENEWAH

Lat: _____ Long: _____

Address of Well Site _____

City SANTA

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

Lt. _____ Blk. _____ Sub. Name _____

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLOUDY

Depth first Water encountered 60

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	3	FILL	☐	☐
10	3	13	CLAY W/ BASALT	☐	☐
10	13	18	BASALT	☐	☐
8	18	60	BASALT	☐	☐
8	60	70	BASALT	☒	☐
8	70	77	CLAY GRAY	☐	☐

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	18	7 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-10	77	.160	PVC	☐	☒	☐	☐
8	+2	18	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
50	70	1/8 x 6	30	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 60 ft. Describe access port or control devices: _____

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. 448

Firm Official [Signature] Date 9-18-01

and Supervisor or Operator [Signature] Date 8-31-01

(Sign Once If Firm Official and Operator)

Todd Morgan

44N 1W 8