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IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT 076476

IDWR/North

1. WELL TAG NO. D D10331

DRILLING PERMIT NO. 92-99 N-19-200

Other IDWR No. _____

2. OWNER:

Name BOB DANIELSON Properties

Address HCR 4 Box 143

City St. MARIES State ID Zip 83861

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W
E
S

Twp. 45 North ☒ or South ☐
Rge. 23 East ☐ or West ☒
Sec. 3 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County BENEFICIAL
Lat: _____ Long: _____
Address of Well Site Highland Springs
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

- ☒ New Well ☐ Modify ☐ Abandonment ☒ Other Replacement

6. DRILL METHOD

- ☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Cacks or Pounds	
Bentonite	0	48	15	POURED

Was drive shoe used? ☒ N Shoe Depth(s) 48

Was drive shoe seal tested? ☒ N How? AIR

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	0	48		3" Steel	☒	☐	☒	☐

Length of Headpipe +2 Length of Tailpipe 48

9. PERFORATIONS/SCREENS

Perforations ☒ Method DRILLED
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
150	110	1/4	60	1/4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

125 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 140 ft. Describe access port or control devices: Removable well cap

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

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25			

Water Temp. 60 Bottom hole temp. _____

Water Quality test or comments: good

Depth first Water Encounter 140

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	48	Clay sand Boulder		
6"	48	150	Broken 54591T		

Completed _____ Depth 150 (Measurable)
Date: Started 8-18-99 Completed 8-18-99

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 All Way Drilling Firm No. 510

Firm Official Stanley Webb Date 8-20-99

and Driller or Operator Orly Muro Date 8-18-99

(Sign once if Firm Official & Operator)

45N 2W 3 FORWARD WHITE COPY TO WATER RESOURCES