

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. _____
Inspected by _____
Rge _____ Sec _____
1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D 0055687
DRILLING PERMIT NO. 853304
Water Right or Injection Well No. _____

2. OWNER:
Name Randy Farrell
Address 1924 West Jefferson
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. 1 East ☒ or West ☐
Sec. 23 1/4 SE 1/4 NE 1/4
Gov't Lot _____
Lat: 47:19:25 W Long: 116:17:34 W
Address of Well Site Mile Marker 16.5 on ST Joe
River Rd. Under Bridge City ST. MARIES
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>20</u>	<u>85+</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ N ☐ Shoe Depth(s) 155
Was drive shoe seal tested? ☒ N ☐ How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>4"</u>	<u>+5</u>	<u>155</u>	<u>2.58</u>	<u>Steel</u>	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Air Perforator

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>135</u>	<u>145</u>	<u>1/4"</u>	<u>50</u>	<u>6"</u>	<u>Steel</u>	☒	☐

10. FILTER PACK

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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

_____ ft. below ground Artesian pressure _____ lb.
Depth flow encountered 130 ft. Describe access port or control devices: Well Cap

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>100 gpm</u>	<u>Air Lift</u>	<u>At 155'</u>	<u>2 hrs</u>

Water Temp. 49' Bottom hole temp. _____

Water Quality test or comments: Clear / No odor

Depth first Water Encounter 50

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>5</u>	<u>TOP SOIL</u>		
	<u>5</u>	<u>10</u>	<u>Sand</u>		
<u>8</u>	<u>10</u>	<u>50</u>	<u>Gravel w/water</u>		
			<u>15 gpm / No perforations</u>	☒	
	<u>50</u>	<u>130</u>	<u>Gray Silt</u>		
	<u>130</u>	<u>145</u>	<u>Gravel w/water</u>	☒	
			<u>100 gpm</u>		
	<u>145</u>	<u>155</u>	<u>Brown Sandy Gravel</u>		

RECEIVED
SEP 16 2008
IDWR/North

Completed Depth 155 (Measurable)

Date: Started 9-9-08 Completed 9-10-08

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 Interstate Drilling LLC Firm No. 688

Principal Driller Randy Farrell Date 9/15/08

Driller or Operator II Don K. Miller Date 9/12/08

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

46N 01E 23