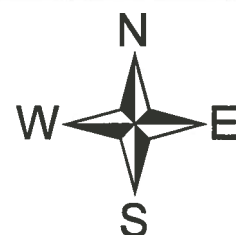
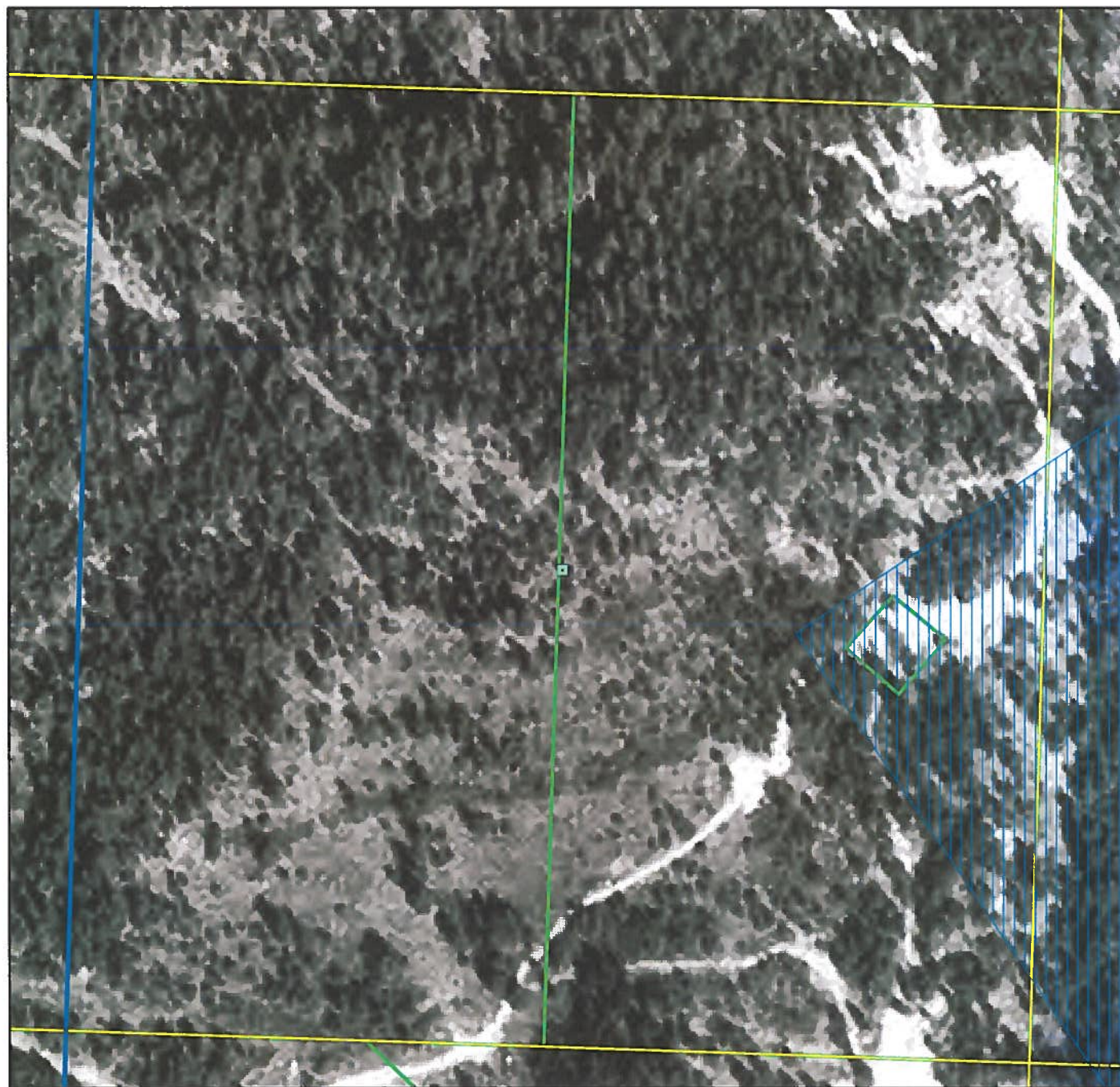
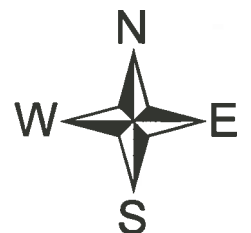


92-10519 (1992) MICHAEL PIN RP44N02W333800A



92-10519 MICHAEL PIN RP44N02W333800A



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D

DRILLING PERMIT NO.

Water Right or Injection Well No.

DOO46180
842813

ENTERED

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

2. OWNER:

Name Frank & Doris Michael
Address 285 Watertower 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. 44 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 33 SW 1/4 SW 1/4 NW 1/4
Gov't Lot _____ County BENEFICIAL
Lat: _____ Long: _____
Address of Well Site Watertower Rd City EMIDA

(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 Chips	0	60	#830	POUR IN

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

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	76	A-3	Steel	☒	☐	☒	☐
4"	3	580	50R25	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW CUT

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
460	580	.066	100	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

42 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 275 ft. Describe access port or control devices: _____

Yield gal./min.	Drawdown	Pumping Level	Time
6 GPM		400'	1.5 hr

Water Temp. 55 Bottom hole temp. _____
Water Quality test or comments: Clear

Depth first Water Encounter 275

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
9	0	20	Tan Dry Clay		☒
9	20	55	LITE Tan Dry Clay		☒
9	55	58	Brownish Rock		☒
9	58	75	SOFT Dry Tan / silt		☒
9	75	120	Bi.salt Black + Tan		☒
8	120	127	Bi.salt Tan to white		☒
6	127	190	Bi.salt LITE Tan to Black		☒
6	190	225	Bi.salt Tan to white		☒
6	225	260	Bi.salt Black 80% Tan 20%		☒
6	260	360	Clear Black Bi.salt		☒
6	360	580	Clear Hard Bi.salt		☒

RECEIVED

DEC 19 2007

IDWR/North

Completed Depth 580' (Measurable)

Date: Started 10/16/06 Completed 10/29/06

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 Troy Moore Well Drilling Firm No. 634

Principal Driller [Signature] Date 10/29/06

Driller or Operator II Troy Moore Date 10/29/06

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

44N 2W 33

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 DOO46178
 DRILLING PERMIT NO. 842299
 Water Right or Injection Well No. _____

2. OWNER:
 Name Frank + Doris Michael
 Address 285 Watertower 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. 44 N North ☐ or South ☐
 Rge. 2 W East ☐ or West ☐
 Sec. 33 NW 1/4 SW 1/4 NW 1/4
 Gov't Lot _____
 Lat: _____ Long: _____
 Address of Well Site Watertower Rd
 City EMIDA
 (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
Bentamite Chip	0	50	700'lb	Pour in

Was drive shoe used? ☒ N Shoe Depth(s) 58'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+15	59	A53	1/4 STEEL	☒	☐	☒	☐
4	0	160	5026	PVC	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW CUT
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
160	200	.060	100	5"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
38 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 90 ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian			
Yield gal./min.	Drawdown	Pumping Level	Time
15		100	4 Hours
12		120	1 Hour

Water Temp. 54 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	20	Dry Tan Clay	☐	☒
9	20	40	Dry white clay	☐	☒
9	40	57	Dry white clay / Ashes	☐	☒
6	52	65	Hard Blueish x Gray Rock	☒	☐
6	65	90	Dry white clay	☐	☒
6	90	100	Blue Gray Rock	☒	☐
6	110	200	B. Salt Black + Gray	☒	☐

RECEIVED
 JAN 11 2007
 IDWR/NORTH

RECEIVED
 JAN 31 2007
 IDWR/NORTH

Completed Depth 200' (Measurable)
 Date: Started 10/4/06 Completed 10/8/06

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

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

FORWARD WHITE COPY TO WATER RESOURCES

44 N 2W 33