

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 DO054581
 DRILLING PERMIT NO. 851838
 Water Right or Injection Well No. _____

2. OWNER:
 Name VERN MOORE
 Address 30408 Hwy 6
 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. 22 1/4 SE 1/4 N/E 1/4
 Gov't Lot _____
 County BENEFICIAL
 Lat: _____ Long: _____
 Address of Well Site 30408 Hwy 6
 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>38</u>	<u>7 BENT.</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-38</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-20</u>	<u>-175</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 none

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-115</u>	<u>-175</u>	<u>3/4</u>	<u>65</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:
20' ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 90 ft. Describe access port or control devices: Well Cap

44N 02W 22

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

Yield gal./min.	Drawdown	Pumping Level	Time
<u>6 gpm</u>	<u>Air lift</u>	<u>from</u>	<u>175</u>

Water Temp. 50° Bottom hole temp. _____
 Water Quality test or comments: Cloudy
 Depth first Water Encounter 90'

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>1</u>	<u>Top Soil</u>		
	<u>1</u>	<u>27</u>	<u>Clay - Tan</u>		
	<u>27</u>	<u>38</u>	<u>Basalt - Gray</u>		
<u>6"</u>	<u>38</u>	<u>47</u>	<u>Basalt - Gray</u>		
	<u>47</u>	<u>48</u>	<u>Basalt - Broken w/water</u>	☒	
			<u>2 gpm</u>		
	<u>48</u>	<u>90</u>	<u>Basalt Gray</u>		
	<u>90</u>	<u>92</u>	<u>Basalt Broken w/water</u>	☒	
			<u>3 gpm</u>		
	<u>92</u>	<u>155</u>	<u>Basalt Gray</u>		
	<u>155</u>	<u>165</u>	<u>Clay tan w/water</u>	☒	
			<u>1 gpm</u>		
	<u>165</u>	<u>175</u>	<u>Clay Tan</u>		

RECEIVED

JUL 25 2008

IDWR/North

RECEIVED

AUG 04 2008

IDWR/North

Completed Depth 175 (Measurable)
 Date: Started 6-18-08 Completed 6-17-08

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 ACTION DRILLING INC Firm No. 618
 Principal Driller ALVIN CARRIS Date 7-10-08
 and Driller or Operator II Alvin Carris Date 7-10-08
 Operator I _____ Date _____

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