

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 00056782

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: Jerald Miller

Name _____

Address PO Box 84

City Harrison State ID Zip 83833

3. WELL LOCATION:

Twp. 47 North ☒ or South ☐ Rge. 3 East ☐ or West ☒

Sec. 16 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County Kootenai

Lat. N47° 25.380 (Deg. and Decimal minutes)

Long. W116° 43.381 (Deg. and Decimal minutes)

Address of Well Site 28027 Rusty Lane

City St. Maries

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

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection

☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well

☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
<u>Bitonite</u>	<u>0</u>	<u>60</u>	<u>20 bags</u>	<u>Pour</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>+2</u>	<u>58</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☐
<u>4"</u>	<u>-20</u>	<u>-300</u>	<u>250PS</u>	<u>Plastic</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drill

Manufactured screen ☐ Y ☒ N Type _____

Method of installation With Drill

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>240</u>	<u>300</u>	<u>3/4</u>	<u>60</u>		<u>Plastic</u>	<u>250 PSI</u>

Length of Headpipe none Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
<u>none</u>				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device Well Cap

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 260 Static water level (ft) 240

Water temp. (°F) 52° Bottom hole temp. (°F) _____

Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>Air</u>	<u>8 gpm</u>	<u>1 hour</u>

Test method:

Pump ☐ Bailor ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
<u>10"</u>	<u>0</u>	<u>20</u>	<u>tan clay w/ROCK</u>		
	<u>20</u>	<u>60</u>	<u>med Basalt</u>		
<u>6"</u>	<u>60</u>	<u>300</u>	<u>med/Hard Basalt</u>	☒	
	<u>260</u>	<u>263</u>	<u>med Basalt w/water</u>	☒	
			<u>8 gpm</u>		

RECEIVED

FEB 08 2010

IDWR / NORTH

Completed Depth (Measurable): 300 ft

Date Started: 12-30-09 Date Completed: 1-07-10

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 Co. No. 618

*Principal Driller Alvin Carris Date 2-04-10

*Driller Alvin Carris Date 2-04-10

*Operator II Matt Hansen Date 2-04-10

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.