

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only

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

1. WELL TAG NO. D D 0028168
 DRILLING PERMIT NO. 791973
 Other IDWR No. _____

2. OWNER: Mike Laplant
Name P.O. Box 581
Address St Maries
City ID State 83861 Zip

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 W E S
 Twp. 47 North ☐ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 25 1/4 N/E 1/4 N/E 1/4
 Gov't Lot _____ 10 acres 40 acres 160 acres
 County Kootenai
 Lat: _____ Long: _____
 Address of Well Site Junction
Hwy 3 + 97 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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	45	14 5x	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 79

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	-79	250	Steel	☒	☐	☒	☐
4"	-5	-400	160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method Drill
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
360	380	1"	16	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

165 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 240 ft. Describe access port or
control devices: well cap

47N 3W 25

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10 gpm	Air	Lift	from 400'

Water Temp. 46° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter **240**

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	1	Top Soil		
	1	29	Shale - Tan		
6"	29	95	Shale - Tan		
	95	97	Shale - Green		
	97	240	Basalt - Gray		
	240	248	Gray - Basalt w/ water		
			10 a.m.		
	248	360	Basalt - Gray		
	360	365	Basalt - Brown Broken		
	365	400	Basalt - Gray		

Completed _____ Depth 400 _____ (Measurable)
Date: Started 2-12-03 Completed 12-17-03

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-Ways Drilling Inc Firm No. 510

Firm Official Slank & Wolfe Date 3-3-03

Driller or Operator Alvin Carr Date 3-3-03

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES