

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0056337

Drilling Permit No. 857858

Water right or injection well # _____

2. OWNER

Name Rob & Jodi Powell

Address 13852 Tamarack Ridge

City Cataldo State ID Zip 83810

3. WELL LOCATION:

Twp. 50 North ☒ or South ☐ Rge. 2 East ☒ or West ☐

Sec. 34 1/4 NW 1/4 SE 1/4

Gov't Lot _____ County Shoshone

Lat. 47° 38'06" (Deg. and Decimal minutes)

Long. 116° 11'21" (Deg. and Decimal minutes)

Address of Well Site Cedar Island-Lot 18

City Kingston

Lot _____ Blk. _____ Sub. Name _____

Five 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 check all that apply (Replacement etc.)

☒ 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 ft³) Placement method/procedure

Granular 0 10 150 lbs Dry Pour

Grout 10 45 10 cubic feet Tremmie

8. CASING/LINER:

Diameter (nominal) From (ft) To (ft) Gauge/Schedule Material Casing Liner Threaded Welded

6 +2 101 .250 Steel ☒ ☐ ☐ ☐

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Air Perforator

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft) To (ft) Slot size Number/ft Diameter (nominal) Material Gauge or Schedule

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material From (ft) To (ft) Quantity (lbs or ft³) Placement method

11. FLOWING ARTESIAN:

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

Describe control device Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 20 Static water level (ft) 20

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

Describe access port _____

Well test: Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	20	2 Hours	☐	☐	☒	☐

Water Quality test or comments: Slight color, cold, no smell

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
12	0	3	Top soil	X
12	3	28	Sand and gravels coarse	X
12	28	45	Brown sand and silt with clay	X
8	45	70	Brown sand and silt with clay	X
8	70	101	Sand and gravels coarse	X

UNITED CROWN
PUMP & DRILLING

3125 W Hayden Ave. Hayden ID 83835

RECEIVED

208-772-7867

JUL 23 2009

IDWR/North

Depth (Measurable) 97 FT

Date: Started 7-06-09 Completed 7-07-09

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 United Crown Pump & Drilling Co. No. 636

*Principal Driller Jason Beckham Date 7-8-09

*Driller [Signature] Date 7-8-09

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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