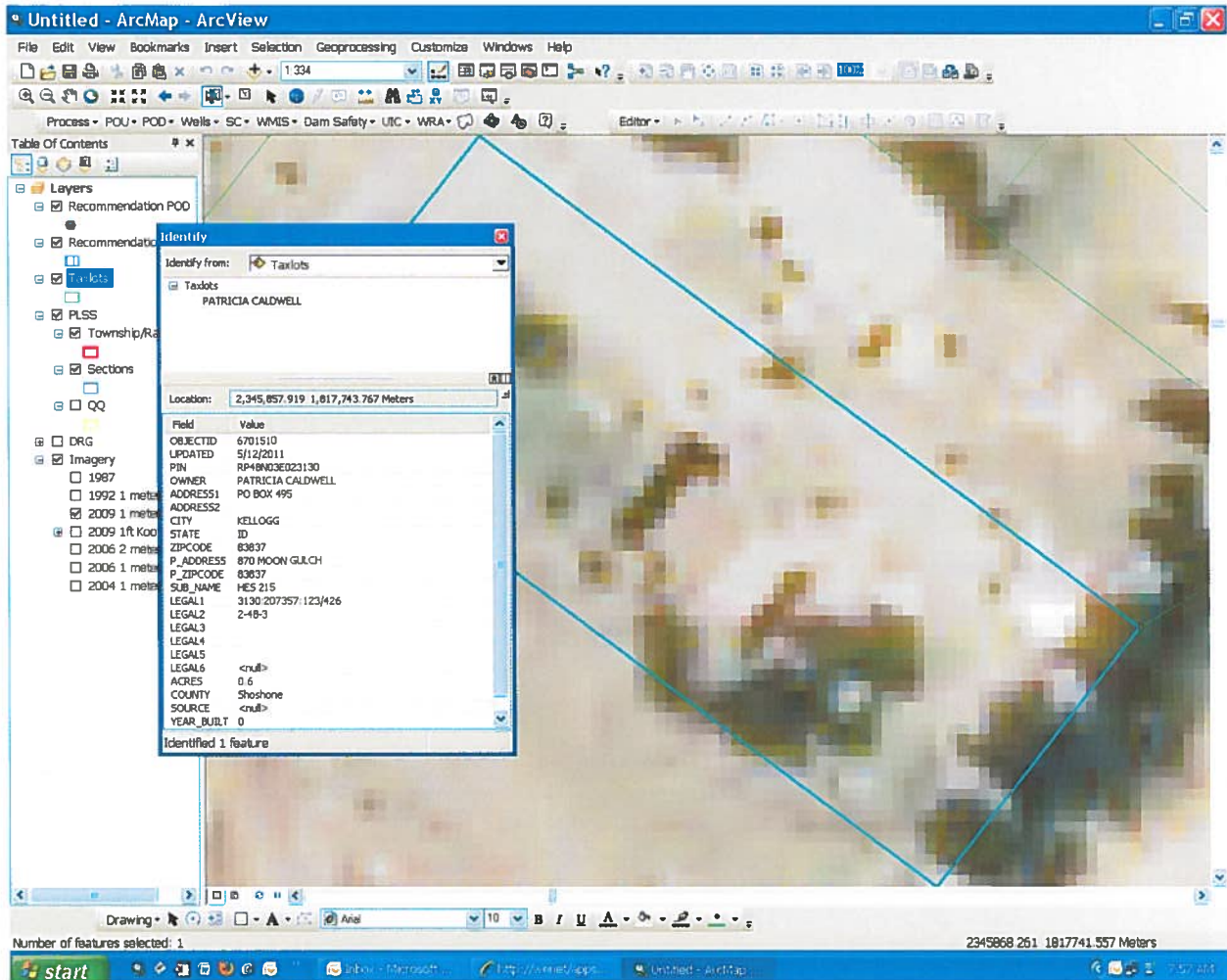




IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D0045187

Drilling Permit No: 841779

Other IDWR No. _____

2. OWNER

Name CALDWELL, PATRICIA

Well Number:

1241

Address P.O. BOX 495

City KELLOGG State ID Zip 83837

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N			
W	X		
			S

Twp. 48N ☒ North or ☐ South
Rge. 03E ☒ East or ☐ West
Sec. 2 1/4 NW 1/4 NW 1/4
Gov't Lot _____ County SHOSHONE
Lat. : : Long: : :
Address of Well Site 870 Moon Gulch Rd
City Kellogg

(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	18	400 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 35Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	35	.250	Steel	☒	☐	☒	☐
4	-10	70	.200	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skill Saw

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-50	70	1/4 x 8	48	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.

Depth flow encountere 45 ft. Describe access port or control devices: _____

48N 3E 2

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10			1 hr

Water Temp. Cold Bottom Hole Temp Cold

Water Quality test or comments: Clear

Depth first Water encountered 45

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	3	Top Soil	☐	☒
8	3	35	Gravels & Clay	☐	☒
6	35	38	Tan Shale	☐	☒
6	38	70	Grav Shale w/ Fractures	☒	☐

Completed Depth 70 (Measurable)

Date: Started 10/16/2006 Completed 10/16/2006

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official _____ Date 10-20-06

and

Supervisor or Operator _____ Date 10/16/06

JIM MCLESLIE

(Sign Once If Firm Official and Operator)

RECEIVED
OCT 20 2006
IDWR/North