

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0040297
 DRILLING PERMIT NO. 834522
 Water Right or Injection Well No. _____

2. OWNER:
 Name John Bedwell
 Address 52325 Espanola
 City Medical Lake State wa Zip 99022

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 47 North ☒ or South ☐
 Rge. 2 East ☐ or West ☒
 Sec. 17 1/4 NW 1/4 SW 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____
 Address of Well Site S 40322 Hwy 3
 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>39</u>	<u>75x</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 39'
 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>+1</u>	<u>39</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-12</u>	<u>282</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 _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-242</u>	<u>-282</u>	<u>3/4</u>	<u>40</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:

40' ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 180 ft. Describe access port or control devices: well cap
2.7 IN 2W 17

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____	Long: _____		

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>18 gpm</u>	<u>Air/lift from 282'</u>		

Water Temp. 50° Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 180

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

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>22</u>	<u>clay - Tan</u>		
	<u>22</u>	<u>28</u>	<u>Shale - soft - gray</u>		
	<u>28</u>	<u>39</u>	<u>Shale - Gray</u>		
<u>6"</u>	<u>39</u>	<u>180</u>	<u>Shale - Gray</u>		
	<u>180</u>	<u>181</u>	<u>Shale - Gray w/water</u>	☒	
			<u>1 gpm</u>		
	<u>181</u>	<u>215</u>	<u>Shale - Gray</u>		
	<u>215</u>	<u>220</u>	<u>Shale Broken w/water</u>	☒	
			<u>4 gpm</u>		
	<u>220</u>	<u>228</u>	<u>Shale - Gray - Hard</u>		
	<u>228</u>	<u>232</u>	<u>Shale - Broken w/water</u>	☒	
			<u>5 gpm</u>		
	<u>232</u>	<u>270</u>	<u>Shale - Hard - Gray</u>		
	<u>270</u>	<u>275</u>	<u>Shale - Broken w/water</u>	☒	
			<u>8 gpm</u>		
	<u>275</u>	<u>282</u>	<u>Shale - Gray</u>		
			<u>18 gpm Total</u>		
			<u>@ 282</u>		

RECEIVED

JUL 26 2005

IDWR/North

Completed Depth 282 (Measurable)

Date: Started 6-22-05 Completed 6-23-05

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 7-20-05

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 7-20-05

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