

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 0033365 RECEIVED
 DRILLING PERMIT NO. 810-322
 Other IDWR No. _____ MAR 01 2004

2. OWNER: IDWR/North
Name Dave Hagan
Address Po Box 188
City St. maries State ID Zip 83861

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

A 4x4 grid with 'N' at the top, 'S' at the bottom, 'W' on the left, and 'E' on the right. The top-right cell is marked with a large 'X'.

Twp. 46 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 4 1/4 S/E 1/4 N/E 1/4
Gov't Lot _____ County _____
Lat. : : Long. : :
10 acres 40 acres 160 acres

Address of Well Site Mission PT East
City St maries

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	-25	22 Sacks	Pour	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 131
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	-131	.250	Steel	☒	☐	☒	☐
4"	-5	-172	160 ~~15~~	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
-130	-172	1"	28	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

Depth flow encountered 108 ft. below ground Artesian pressure lb.
control devices: 140 ft. Describe access port or
cap

46 N 3 W 24

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30 GPM			

Water Temp. 53 Bottom hole temp.

Water Quality test or comments: Cloudy No odor

Depth first Water Encounter 140

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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. 570

Firm Official Samuel E. Wolfe Date 2-26-04

Driller or Operator Donald R. Miller Date 2-26-04

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES