

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0041193
DRILLING PERMIT NO. 837814
Water Right or Injection Well No. _____

2. OWNER:

Name Ron + Adrienne Darden
Address 5976 St. Joe River Road
City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:

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

Twp. 46 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 16 1/4 N/4 1/4 N/4 1/4
Gov't Lot _____ County Benevolence

Lat: _____ Long: _____
Address of Well Site 5976 St Joe River Road
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>40</u>	<u>Bsx</u>	<u>Run Around Pipe</u>

Was drive shoe used? ☒ Yes ☐ No Shoe Depth(s) 118

Was drive shoe seal tested? ☒ Yes ☐ No How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-118</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-12</u>	<u>-382</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>160</u>	<u>180</u>	<u>3/4</u>	<u>20</u>	<u>4"</u>	<u>PVC</u>	☐	☒
<u>302</u>	<u>362</u>	<u>3/4</u>	<u>72</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:

69' ft. below ground Artesian pressure _____ lb.

Depth flow encountered 342 ft. Describe access port or control devices: _____

Well Cap

46N 1W 16

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>7 gpm</u>	<u>Air lift</u>	<u>from 382</u>	

Water Temp. 48°

Bottom hole temp. _____

Water Quality test or comments: Clear no odor

Depth first Water Encounter 50'

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>9</u>	<u>Clay Brown</u>		
	<u>9</u>	<u>31</u>	<u>S. lt + Sand</u>		
	<u>31</u>	<u>50</u>	<u>Shale - Broken</u>		
	<u>50</u>	<u>52</u>	<u>Shale - soft Broken</u>		
			<u>w/ water 2 gpm Dirty</u>		
	<u>52</u>	<u>62</u>	<u>Shale multi color</u>		
<u>6"</u>	<u>62</u>	<u>170</u>	<u>Multi color Shale</u>		
	<u>170</u>	<u>172</u>	<u>Shale Gray w/ water</u>		
			<u>2 gpm</u>		
	<u>172</u>	<u>252</u>	<u>Shale Gray</u>		
	<u>252</u>	<u>254</u>	<u>Shale Gray w/ water</u>		
			<u>2 gpm</u>		
	<u>254</u>	<u>358</u>	<u>Shale Gray</u>		
	<u>358</u>	<u>360</u>	<u>Shale Gray w/ water</u>		
			<u>3 gpm</u>		
	<u>360</u>	<u>382</u>	<u>Shale Gray</u>		

RECEIVED
IAN 20 2005
IDWR/North

Completed Depth 382 (Measurable)

Date: Started 12-12-05 Completed 12-16-05

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

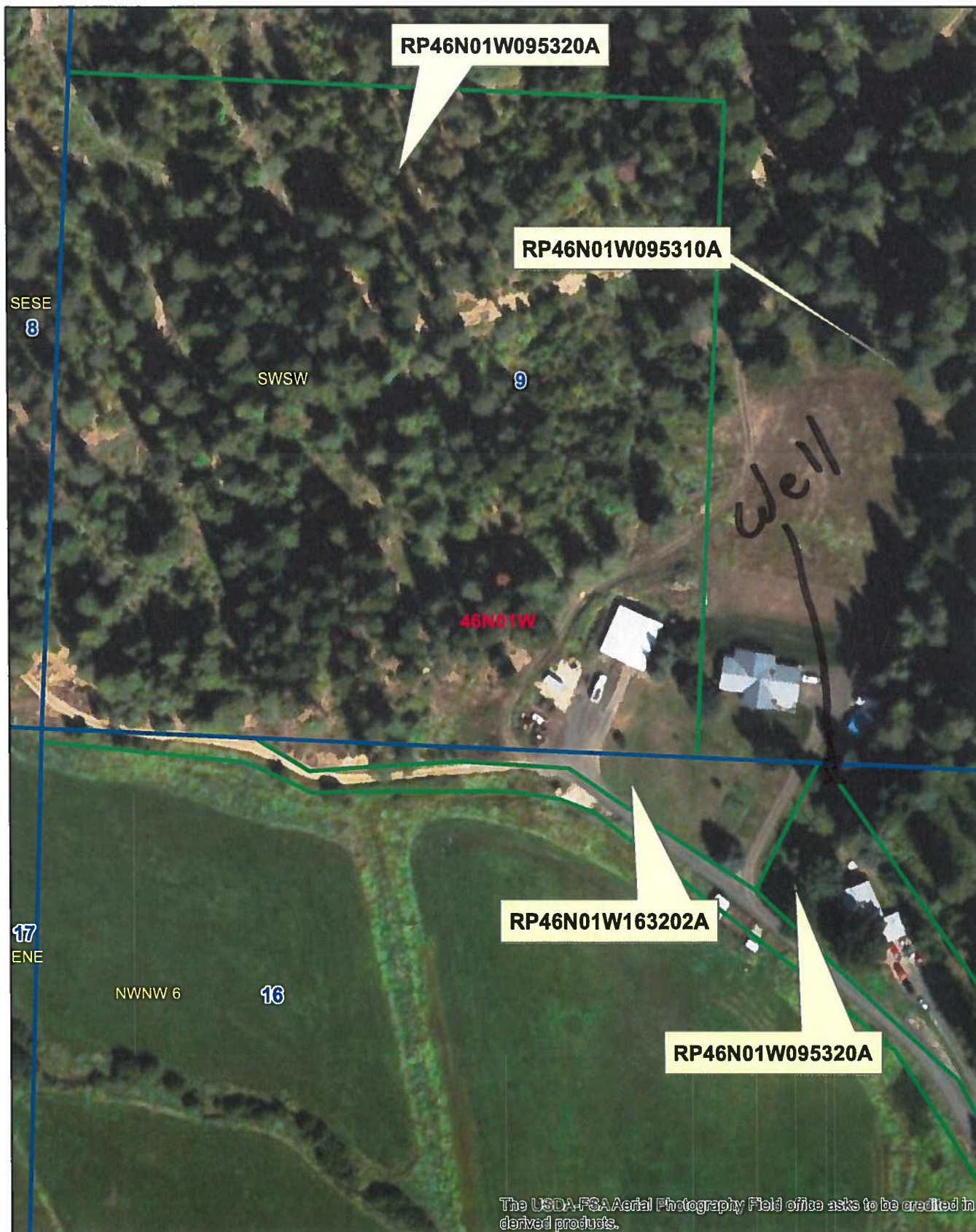
Principal Driller Alvin Carris Date 12-28-05

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 12-28-05

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

91-XXXXX DARDEN, RONALD L BENEWAHI PARCELS



SCANNED

OCT 14 2014