Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 61226
Drilling Permit No. 8674216
Water right or injection well #

2. OWNER:
Name Dale and Darcey Humphrey
Address P.O Box 308
City St.Maries State ID Zip 83861

3.WELL LOCATION:
Twp. 46 North ☒ or South ☐ Rge. 2 East ☐ or West ☒
Sec. 20 ____ 10 acres 1/4 NE 40 acres 1/4 SW 160 acres 1/4
Gov't Lot ____ County Benewah
Lat. 47 ° 19:023N (Deg. and Decimal minutes)
Long. 116 ° 37:397W (Deg. and Decimal minutes)
Address of Well Site 110 Taylor Ln, Cherry Ck to Taylor Ln to End
(Give at least name of road + Distance to Road or Landmark) City St.Maries
Lot. ____ Blk. ____ Sub. Name ____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other ____

5. TYPE OF WORK:
☒ 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
Bentonite	0	58ft	2450 lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	-98	2.50	steel	☒	☐	☐	☒
4"	-12	-265	sch 40	pvc	☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -98 ft georocfor shoe

9. PERFORATIONS/SCREENS:
Perforations ☒ Y ☐ N Method skillsaw
Manufactured screen ☐ Y ☐ N Type ____
Method of Installation ____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-185	-265	1/4x8	150	4"	pvc	sch 40

Length of Headpipe ____ Length of Tailpipe ____
Packer ☒ Y ☐ N Type shale trap at 180 ft

10.FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
none				

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) ____
Describe control device well cap

46N 02W 20

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 170 ft Static water level (ft) 168-ft
Water temp. (°F) 49 Bottom hole temp. (°F) ____
Describe access port well cap

Well test: **Test method:**

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
25 gpm airlift	from 265 ft	for 1.5 hrs	☐	☐	☒	☐
			☐	☐	☐	☐

Water quality test or comments: cold and cloudy/ no odor

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	Water N
10	0	3	top soil		X
	3	23	clay-tan		X
	23	49	broken- basalt		X
	49	54	hard- basalt		X
	54	65	basalt -broken-soft		X
8	65	90	basalt-broken/w-tan clay		X
	90	105	basalt-soft		X
6	105	170	basalt-broken/w-clay w/little water	X	
	170	195	basalt-soft		X
	195	240	basalt hard w/water 7 gpm at 205ft	X	
	240	265	basalt broken w/water 18 gpm	X	
			25 gpm total at 265 ft		
			put shale trap at 180 ft to case out		
			dirty water		

Completed Depth (Measurable): 265 ft
Date Started: 11-2-12 Date Completed: 11-6-12

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 Interstate Drilling LLC Co. No. 689
*Principal Driller Ryan Suchosk. Date 11-14-12
*Driller Ryan Suchosk Date 11-14-12
*Operator II ____ Date ____
Operator I ____ Date ____

* Signature of Principal Driller and rig operator are required.

SCANNED
NOV 18 2014