

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0058027Drilling Permit No. 859274

Water right or injection well # _____

2. OWNER:

Name Michael S & Lynnette ShermanAddress PO Box 503City ST. MARIES State ID Zip 83861

3. WELL LOCATION:

Twp. 45 North ☒ or South ☐ Rge. 3 East ☐ or West ☒Sec. 25 1/4 NE 1/4 NE 1/4Gov't Lot _____ County BenevolenceLat. 47 ° 13.306 N (Deg. and Decimal minutes)Long. 116 ° 39.076 W (Deg. and Decimal minutes)Address of Well Site 730 Dorrington RdCity ST. MARIES

(Give at least name of road - Distance to Road or Landmark)

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 Deepening

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	38	1100 lbs	Pour Around P.P.C.

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	±2	38	2.50	Steel	☒	☐	☐	☒
4"	±14	348	200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skill sawManufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
288	348	1/4x5	80	4"	PVC	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
None				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 118 Static water level (ft) 248Water temp. (°F) 49 Bottom hole temp. (°F) _____Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
30 gpm	Air lift	From
348 ft	For 2.5 hrs	

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: Cold & clear

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	
6"	248	315	Broken Basalt	☒	
			W/ water 15 Gpm		
	315	334	Basalt Medium		
			W/ water 15 Gpm	☒	
	334	348	Clay Tan		
			30 Gpm Total AT 348 ft		

RECEIVED

JUL 06 2010

IDWR/North

Completed Depth (Measurable): 348Date Started: 6-29-10 Date Completed: 6-30-10

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 In Terstate Drilling Co. No. 689*Principal Driller Ry Suter Date 6-30-10*Driller Ry Suter Date 6-30-10*Operator II Ry Suter Date 6-30-10

Operator I _____ Date _____

*Signature of Principal Driller and rig operator are required

SCANNED

DEC 12 2014

45N 03W 25

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0058027

Drilling Permit No. 859274

Water right or injection well # _____

2. OWNER:

Name Michael S & Lynette Sherman

Address P.O. Box 503

City St. Maries State ID Zip 83861

3. WELL LOCATION:

Twp. 45 North ☒ or South ☐ Rge. 3 East ☐ or West ☒

Sec. 25 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County Benedict

Lat. 47 ° 13.306N (Deg. and Decimal minutes)

Long. 116 ° 39.076W (Deg. and Decimal minutes)

Address of Well Site 730 Dorniny Rd, Benedict

To Highway 7 miles up Hwy 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 ft ³)	Placement method/procedure
<u>Bentonite</u>	<u>+2</u>	<u>38</u>	<u>1100 lbs</u>	<u>Pour Around Pipe</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>+2</u>	<u>38</u>	<u>2.50</u>	<u>Steel</u>	☒	☐	☐	☒
<u>4"</u>	<u>-14</u>	<u>248</u>	<u>200</u>	<u>PVC</u>	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skill Saw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>188</u>	<u>248</u>	<u>1/4 x 5</u>	<u>80</u>	<u>4"</u>	<u>PVC</u>	<u>200</u>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
<u>None</u>				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 118 Static water level (ft) 95

Water temp. (°F) 49 Bottom hole temp. (°F) _____

Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>20 GPM</u>	<u>Air Lift</u>	<u>From</u>
<u>248 ft</u>	<u>For</u>	<u>1.5 hrs</u>

Test method:

Pump ☐ Bailor ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: Cold & clear

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	N
<u>10</u>	<u>0</u>	<u>18</u>	<u>Clay - red</u>		
	<u>18</u>	<u>26</u>	<u>Broken Basalt</u>		
	<u>26</u>	<u>118</u>	<u>Hard Basalt</u>		
	<u>118</u>	<u>130</u>	<u>Broken Basalt</u>		
			<u>W/water 56 GPM</u>		
	<u>130</u>	<u>210</u>	<u>Hard Basalt</u>		
			<u>W/water 3 GPM</u>		
	<u>210</u>	<u>248</u>	<u>Soft Basalt Broken</u>		
			<u>W/water 12 GPM</u>		
			<u>20 GPM Total</u>		
			<u>At 248 ft</u>		

RECEIVED

MAY 19 2010

IDWR / NORTH

Completed Depth (Measurable): 248

Date Started: 5-13-10

Date Completed: 5-15-10

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 Co. No. 689

*Principal Driller Ryan Siskind Date 5-17-10

*Driller Ryan Siskind Date 5-17-10

*Operator II Ryan Siskind Date 5-17-10

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

SCANNED

DEC 12 2014

45N 03W 25

State of Idaho
Department of Water Resources



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MAY 11 1977

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

SCANNED
DEC 12 2014