

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0041200
 DRILLING PERMIT NO. 838122
 Water Right or Injection Well No. _____

2. OWNER:
 Name Ben Little
 Address 500 W Beale Lane
 City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 48 North ☒ or South ☐
 Rge. 1 East ☐ or West ☒
 Sec. 5 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____
 Address of Well Site mile marker 113 Hwy 3
 City Roselake
 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>19</u>	<u>10 Sack</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 65'
 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>+2</u>	<u>-63</u>	<u>280</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>-15</u>	<u>325</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>295</u>	<u>355</u>	<u>1"</u>	<u>70</u>	<u>4</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
117 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 350 ft. Describe access port or control devices: CAP

12. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>			<u>2 hrs</u>

 Water Temp. 49° Bottom hole temp. _____
 Water Quality test or comments: clear odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>60</u>	<u>Broken Shale Brown</u>		
	<u>60</u>	<u>63</u>	<u>Shale Blue</u>		
<u>6</u>	<u>63</u>	<u>110</u>	<u>Shale Blue</u>		
	<u>110</u>	<u>115</u>	<u>Shale Blue Broken</u>		
	<u>115</u>	<u>200</u>	<u>Shale Blue</u>		
	<u>200</u>	<u>203</u>	<u>Shale Blue Broken</u>		
	<u>203</u>	<u>350</u>	<u>Shale Blue</u>		
	<u>350</u>	<u>375</u>	<u>Shale Blue Broken</u>		

RECEIVED
 MAR 22 2006
 IDWR/North

Completed Depth 375 (Measurable)
 Date: Started 1-19-06 Completed 1-25-06

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 Allways Drilling Firm No. 90
 Principal Driller Stanley K. Wolfe Date 5/12/06
 and Driller or Operator II Talk Mule Date 3/11/06
 Operator I _____ Date _____

Principal Driller and Rig Operator Required
 Operator I must have signature of Driller/Operator II. **SCANNED**
 MAR 04 2015