

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0059296

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: BRYAN MILLER

Name _____

Address 10458 E. BLACK LAKE ROAD

City ST. MARIES State ID Zip 83861

3. WELL LOCATION:

Twp. 47 North ☒ or South ☐ Rge. 03 East ☐ or West ☒

Sec. 12 1/4 SE 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat N47 ° 26 : 274 (Deg and Decimal minutes)

Long. W116 ° 37 : 923 (Deg and Decimal minutes)

Address of Well Site 10458 E. BLACK LAKE RD.

City ST. MARIES

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

Lot 11 Blk. 8 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
Bentonite	0	38	1100 lbs	Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
6"	+2	95	.250	Steel	☒	☐	☐	☒
4"	-10	140	.200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 95'

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
-120	-140	1/4x8	48	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
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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) 130 Static water level (ft) 80'

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Ballor	Air	Flowing artesian
	30	120 min.	☐	☐	☒	☐

Water quality test or comments: _____

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
10	0	3	Top Soil		X
10	3	17	Tan Clay & Cobbles		X
10	17	38	Tan Clay		X
6	38	43	Tan Clay		X
6	43	95	Gray Clay		X
6	95	122	Black Basalt		X
6	122	140	Black Basalt w/ Fractures	X	

RECEIVED

JUN 02 2011

IDWR / NORTH

Completed Depth (Measurable): <u>140</u>
Date Started: <u>5/10/11</u> Date Completed: <u>5/11/11</u>

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 H2O Well Service Inc Co. No. 448
 *Principal Driller Thomas R. Ruhl Date 5-12-11
 *Driller Jim M. Schaefer Date 5-13-11
 *Operator II _____

Operator I _____ Date AUG 15 2013

* Signature of Principal Driller and rig operator are required.

SCANNED