

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

CORRECTED COPY

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

1. WELL TAG NO. D 0051280
DRILLING PERMIT NO. 844842
Water Right or Injection Well No. _____



2. OWNER:
Name Stacy Smith
Address 21803 E Doyle Rd
City Cataldo State ID Zip 83810

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 49 North ☒ or South ☐
Rge. 01 East ☐ or SE ☒ West ☒
Sec. 29 SW 1/4 SEC 14 per msp.
Gov't Lot _____ County Kootenai
Lat: : : Long: : :
Address of Well Site 21803 E Doyle Rd
City Cataldo
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
Bentonite	0	30	12 Bags	Overboard

Was drive shoe used? ☒ Y ☒ N Shoe Depth(s) 30'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	±2	30	250	Steel	☒	☐	☒	☐
4	±6	400	160	PVC	☐	☒	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW CUT

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
400	320	1/8x1/2	50	4	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
			N/A	

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

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
6.5			

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 135

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	6	Weathered Shist		X
10	6	19	Shist		X
10	19	25	Weather Shist		X
10	25	30	Shist		X
6	30	135	Shist		X
6	135	137	Fractured Shist 1.5	X	
6	137	370	Shist		X
6	370	371	Fractured Shist 5	X	
6	371	400	Shist		

Completed Depth 400' (Measurable)
Date: Started 1-3-07 Completed 1-4-07

RECEIVED
AUG 02 2007
IDWR/North

14. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Horsley Drilling Inc Firm No. 632

Principal Driller C. Mark Horsley Date 1-6-07

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

49N 1W 29