

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0051209
DRILLING PERMIT NO. 845258
Water Right or Injection Well No. _____



2. OWNER:
Name KEVIN SIMONSEN
Address 8755 E. WREN DRIVE
City ST. MARIES State ID Zip 83861

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 47 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 12 1/4 NW 1/4 N/E 1/4
Gov't Lot 4 County KOOTENAI
Lat: _____ Long: _____
Address of Well Site 8755 E WREN DRIVE
City ST. MARIES
(Give at least name of road - Distance to Road or Landmark)
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>40</u>	<u>10 SX</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 8'-28" 6'-340
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8"</u>	<u>+1</u>	<u>-29</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>6"</u>	<u>+2</u>	<u>-340</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-260</u>	<u>-340</u>	<u>1/4x1/6</u>	<u>36</u>	<u>6"</u>	<u>Steel</u>	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

105 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 280 ft. Describe access port or control devices: well cap

47N 3W 12

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

12. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>30 gpm</u>	<u>Air lift</u>	<u>from 340</u>	

Water Temp. 48° Bottom hole temp. _____
Water Quality test or comments: Cloudy

Depth first Water Encounter 280

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>40</u>	<u>Tan clay w/Broken Basalt</u>		
	<u>40</u>	<u>75</u>	<u>Broken Basalt</u>		
	<u>75</u>	<u>79</u>	<u>Basalt Broken w/tan clay</u>		
<u>8</u>	<u>79</u>	<u>120</u>	<u>Basalt Broken w/tan clay</u>		
	<u>120</u>	<u>170</u>	<u>Basalt Soft - Gray + Brown</u>		
	<u>170</u>	<u>232</u>	<u>Clay Gray</u>		
	<u>232</u>	<u>280</u>	<u>Clay Brown</u>		
	<u>280</u>	<u>300</u>	<u>Clay Gray w/water</u>	☒	
			<u>3 gpm</u>		
	<u>300</u>	<u>325</u>	<u>Clay Gray w/wood + water</u>	☒	
			<u>30 gpm total</u>		
	<u>325</u>	<u>340</u>	<u>Basalt Gray</u>		

RECEIVED
JUN 15 2007
IDWR/North

Completed Depth 340 (Measurable)
Date: Started 2-8-07 Completed 2-13-07

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 ACTION DRILLING INC Firm No. 618

Principal Driller ALVIN CARRIS Date 3-2-07

Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 3-2-07

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

SCANNED

MAY 16 2015