

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 0055395
 DRILLING PERMIT NO. 885030
 Water Right or Injection Well No. _____

2. OWNER:
 Name Kyle Harpole
 Address 27725 S. Rusty Ln
 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. 47N North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 16 1/4 SW 1/4 NE 1/4
 Gov't Lot _____ County _____
 Lat: 47 : 25 : 44N Long: 116 : 43 : 21W
 Address of Well Site 27725 Rusty Ln
 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
Bentonite	0	18	95x	Pour Around Pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	18	2.50	Steel	☒	☐	☐	☐
4"	-12	310	160	PVC	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Skill Saw
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
150	310	1/16S	150	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
None				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

164 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 210 ft. Describe access port or control devices:
well cap

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
10 GPM	Air lift from	310 ft	2 hrs

Water Temp. 48° Bottom hole temp. _____
 Water Quality test or comments: Cold x clear / NO odor

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	3	TOP Soil		
	3	15	Clay - Brown		
	15	57	Basalt hard - Blue		
6	57	78	Basalt fracture w - clay		
	78	165	Basalt - hard		
	165	170	Basalt fractured w/water	☒	
			2 GPM		
	170	215	Basalt hard		
	215	225	Basalt fractured	☒	
			w/water 3 GPM		
	225	240	Basalt - hard		
	240	248	Basalt fractured	☒	
			w/water 5 GPM		
	248	308	Basalt - Hard		
			Total 10 GPM		

RECEIVED

MAY 04 2009

IDWR/North

Completed Depth 308 (Measurable)
 Date: Started 4-27-09 Completed 4-28-09

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 INTER State Drilling LLC Firm No. 689

Principal Driller Ryan Suckale Date 4-28-09

Driller or Operator II Ryan Suckale Date 4-28-09

Operator I _____ Date _____

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