

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 58346
Drilling Permit No. 861253
Water right or injection well # _____

2. OWNER: _____
Name Jimmy & Rhonda Duggan
Address 11004 E Wood Duck DR
City ST. MARIES State ID Zip 83861

3. WELL LOCATION:
Twp. 42 North ☒ or South ☐ Rge. 2 East ☐ or West ☒
Sec. 18 1/4 NE 1/4 SE 1/4

Gov't Lot _____ County Bernewah
Lat. 47 ° 25.191 N (Deg. and Decimal minutes)
Long. 116 ° 37.882 W (Deg. and Decimal minutes)
Address of Well Site 11004 E. Wood Duck Ln
stay left to end City St. Maries
(Write at least name of Road + Distance to Road or Landmark)
Lot _____ Blk _____ 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 _____

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	38	950 lbs	Pour Around pipe

8. CASING/LINER:					Casing	Liner	Threaded	Welded
Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material				
6"	+2	38	2.50	Steel	☒	☐	☐	☒
4"	-30	285	200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

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
165	285	1/4x5	100	4"	pvc	200

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

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
None				

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG)
Describe control device well cap

47N 02W 18

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 150 Static water level (ft) 142
Water temp. (°F) 49 Bottom hole temp. (°F) _____

Describe access port well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
5.6 ft	Air lift	From
2.85 ft	Per hr	

Test method:

Pump ☐ Bailor ☐ Air ☒ Flowing artesian ☐

Water quality test or comments: Cloudy & Cold

13. LITHOLOGIC LOG and/or repairs or abandonment:

[illegible]

~~RECEIVED~~

JUN 13 2011

~~IDWR / NORTH~~

Completed Depth (Measurable): 285
Date Started: 6-8-11 Date Completed: 6-9-11

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 Tater State Drilling Co. No. 689
 *Principal Driller [Signature] Date 6-11-11
 *Driller [Signature] Date 6-11-11
 *Operator II [Signature] Date 6-11-11
 Operator I _____ Date _____

• Signature of Principal Driller and rig operator are required.

Stock well