

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 0056332
 DRILLING PERMIT NO. 85129
 Water Right or Injection Well No. _____

2. OWNER:
 Name William E Dorothy Von Rotz
 Address 1325 W. Bering dr
 City Coeur d'Alene State Id Zip 83815

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 50 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 15 NE 1/4 SW 1/4 SE 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____
 Address of Well Site 283 Saddle back Rd.
 City Coeur d'Alene
 (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>60</u>	<u>500 lbs</u>	<u>Overbored</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 60
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+2</u>	<u>60</u>	<u>.250</u>	<u>STEEL</u>	☒	☐	☒	☐
<u>4</u>	<u>-20</u>	<u>320</u>	<u>5/16</u>	<u>PVC</u>	☐	☒	☐	☒

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW CUT

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>320</u>	<u>220</u>	<u>1/8x6</u>	<u>180</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
		<u>N/A</u>		

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>60 +</u>			<u>4 Hours</u>

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

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 208

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>55</u>	<u>Decomposed Shale</u>		☒
<u>10</u>	<u>55</u>	<u>60</u>	<u>Shale</u>		☒
<u>6</u>	<u>60</u>	<u>207</u>	<u>Shale</u>		☒
<u>6</u>	<u>207</u>	<u>210</u>	<u>Fractured Shale (2 GPM)</u>	☒	
<u>6</u>	<u>210</u>	<u>276</u>	<u>Shale</u>		☒
<u>6</u>	<u>276</u>	<u>283</u>	<u>Fractured Shale (15 GPM)</u>	☒	
<u>6</u>	<u>283</u>	<u>290</u>	<u>Shale</u>		☒
<u>6</u>	<u>290</u>	<u>293</u>	<u>Fractured Shale 10 GPM</u>	☒	
<u>6</u>	<u>293</u>	<u>301</u>	<u>Shale</u>		☒
<u>6</u>	<u>301</u>	<u>306</u>	<u>Fractured Shale 35 GPM</u>	☒	
<u>6</u>	<u>306</u>	<u>320</u>	<u>Shale</u>		☒

RECEIVED

JUL 0 2009

IDWR/North

RECEIVED

JUL 0 6 2009

IDWR/North

Completed Depth 320 (Measurable)
 Date Started 6-15-09 Completed 6-26-09

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 Horsley Drilling inc. Firm No. 632
 Principal Driller C Mark Haulby Date 7-1-09
 and
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

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

SON 03W 15

FORWARD WHITE COPY TO WATER RESOURCES