Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 69326
Drilling Permit No. _____
Water right or injection well # _____

2. OWNER:
Name Maurice & Anita Johnson
Address 121 Highwood Dr
City St.Maries State ID Zip 83861

3.WELL LOCATION:
Twp. 46 North ☒ or South ☐ Rge. 3 East ☐ or West ☒
Sec. 23 ____ 1/4 SW 1/4 SW 1/4
Gov't Lot _____ County Benewah
Lat. 47 ° 18.775N (Deg. and Decimal minutes)
Long. 116 ° 41.462W (Deg. and Decimal minutes)
Address of Well Site Echo Springs Rd, 2 miles up on right
(Give at least name of road + Distance to Road or Landmark) City St.Maries
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 _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
Bentonite	0	-38	950lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	-58ft	2.50	Steel	☒	☐	☐	☒
4"	-24	-164	sch40	PVC	☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) -58ft georock for shoe

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method skillsaw
Manufactured screen ☐ Y ☐ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-164	-264	1/4x5	150	4"	PVC	Sch 40

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

10.FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
None				

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device Well Cap

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 165ft Static water level (ft) 160ft
Water temp. (°F) Cold Bottom hole temp. (°F) _____
Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Test method: Pump	Bailer	Air	Flowing artesian
3-4 gpm	airlift at 265ft	for 3 hrs	☐	☐	☒	☐
			☐	☐	☐	☐

Water quality test or comments: Cold &Clear/No Odor

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y	Water N
10	0	5	clay-red		X
	5	50	basalt-soft		X
	50	55	basalt-broken		X
	55	75	basalt medium hard		X
6"	75	230	basalt-hard w/water 1 gpm at 165ft	X	
	230	250	basalt-medium hard		X
	250	265	basalt broken-soft w/water	X	X
			3-4 gpm at 265 ft		
			would not stay open past 264 ft		

Completed Depth (Measurable): 264 Ft
Date Started: 7-23-15 Date Completed: 7-27-15

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 Interstate Drilling LLC Co. No. 689
*Principal Driller Ryan Sudosk Date 7-29-15
*Driller _____ Date 7-29-15
*Operator II _____ Date _____
Operator I _____ Date 7-29-15

* Signature of Principal Driller and rig operator are required.