

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long

1. DRILLING PERMIT NO. TAG#D0003702

Other IDWR No. _____

2. OWNER

Name BENSON, BOB

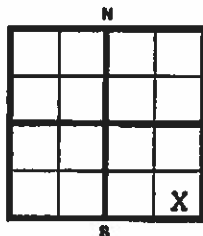
Well Number:

679

Address 6095 N 4TH STCity CDA State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 49 ☒ North or ☐ SouthRge. 04 ☐ East or ☒ WestSec. 13 1/4 SE 1/4 SE 1/4Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site OFF HWY 97 E SIDECity CDA

(Give at least name of road + Distance to Road or Landmark)

Bk. _____ 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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	-50	8 SACKS	SLURRY/DRY
PEA GRAVEL	-90	-100		

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 94Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	-94	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

30 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered 60

12. LITHOLOGIC LOG:(Describe repairs or abandonment

Bore Depth	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
8	0	2	Gravels & Tongsoil	☐ Y	☒ N
8	2	13	Basalt Broken	☐ Y	☒ N
8	13	60	Basalt Fractured	☐ Y	☒ N
8	60	100	Clay with Water	☒ Y	☐ N
	0	0	6" Well cAp	☐ Y	☐ N

RECEIVED

APR 24 1998

NORTHERN REGION
IDWR

SCANNED

JAN 29 2016

Completed Depth 90' (Measurable)Date: Started 4/15/98 Completed 4/16/98

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448Firm Official Jim P. Leslie Date 4/16/98

and _____

Supervisor or Operator Jim P. Leslie Date 4/16/98

(Sign Once if Firm Official and Operator)

(Jim McLeslie)

SESE 13 49N 4W