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Form 11-97
11/97

AUG 07 2001

IDWR/North

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0017402

DRILLING PERMIT NO. _____

Other IDWR No. 769735

2. OWNER:

Name Paul Watson & Harry WatsonAddress 700 River Heights Dr.City Post Falls State ID. Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N				
		X		
S				

Twp. 50 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 8 1/4 SW 1/4 NE 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____

Address of Well Site 6691/6693
W. RIVERVIEW Drive City Post Falls Id.
 (Give at least name of road + Distance to Road or Landmark) or Coward, Alene, Id.

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/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
<u>Bentonite</u>	<u>0</u>	<u>50</u>	<u>7</u>		<u>Poured</u>

Was drive shoe used? ☒ N Shoe Depth(s) 199'Was drive shoe seal tested? ☒ Y ☐ N How? AIR PRESSURE

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1 1/2</u>	<u>199'</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>-5 1/2</u>	<u>627'</u>	<u>160</u>	<u>P.V.C.</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method Sawcut
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>507'</u>	<u>527'</u>	<u>1/8" x 4</u>	<u>40</u>	<u>4</u>	<u>P.V.C.</u>	☐	☒
<u>567'</u>	<u>627'</u>	<u>1/8" x 4</u>	<u>120</u>	<u>4</u>	<u>P.V.C.</u>	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

120 ft. below ground Artesian pressure _____ lb.

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

50 N 4 W 8

FORWARD WHITE COPY TO WATER RESOURCES

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: _____ Long: _____

☒ Air ☐ Flowing Artesian

11. WELL TESTS:

☐ Pump ☐ Bailor

Yield gal./min.	Drawdown	Pumping Level	Time
<u>16</u>			

Water Temp. Cool Bottom hole temp. CoolWater Quality test or comments: GoodDepth first Water Encounter 550

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>199</u>			
<u>6</u>	<u>199</u>	<u>627</u>			
	<u>0</u>	<u>1</u>	<u>Broken Basalt & Top soil</u>		<u>x</u>
	<u>1</u>	<u>70</u>	<u>Hard Basalt</u>		<u>x</u>
	<u>70</u>	<u>96</u>	<u>Brown sand & Decomposed Granite</u>		<u>x</u>
	<u>96</u>	<u>130</u>	<u>Grey Clay</u>		<u>x</u>
	<u>130</u>	<u>194</u>	<u>Decomposed Granite</u>		<u>x</u>
	<u>194</u>	<u>627</u>	<u>Black & White Granite</u>	<u>x</u>	

RECEIVED

Completed Depth 627' (Measurable)
 Date: Started 6-28-01 Completed 7-9-01

13. DRILLER'S CERTIFICATION

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

AQUA DRILLING & EXPLORATION INC. Firm No. 163

Company Name _____ Firm Official Scott M. Brumber Date _____

and Driller or Operator Wayne Miller Date 7-9-01

(Sign once if Firm Official & Operator)