

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0057337

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: _____

Name Les and Alexis Howard

Address 685 E Hayden Ave.

City Hayden State Id Zip 83835

3. WELL LOCATION: _____

Twp. 52 North ☒ or South ☐ Rge. 3 East ☐ or West ☒

Sec. 32 SW 1/4 SW 1/4 160 acres 1/4

Gov't Lot _____ County Kootenai

Lat. N 47° 48.291 (Deg. and Decimal minutes)

Long. W 116° 44.512 (Deg. and Decimal minutes)

Address of Well Site 14688 Rimrock Rd

(Give at least name of road or distance to road or landmark) City Hayden

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	26.5 bags	Overbored

8. CASING/LINER: _____

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6	+2	120	.250	Steel	☒	☐	☒
5	-110	200	.250	Steel	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 120'

9. PERFORATIONS/SCREENS: _____

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type Johnson Stainless Steel

Method of installation Placed at bottom of well

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
180	190	1/16	10'	5"	Stainless	.250

Length of Headpipe 90' Length of Tailpipe 10'

Packer ☒ Y ☐ N Type "K" Packer @ 110'

10. FILTER PACK: _____

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
N/A				

11. FLOWING ARTESIAN: _____

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 130' Static water level (ft) 60'

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port _____

Well test: _____ Test method: _____

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	25 GPM	4 Hours	☐	☐	☒	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dis. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water
				Y N
10"	0	110	Clay	
10"	110	115	Broken Bisalt	X
10"	115	120	Bisalt	X
6"	120	130	Bisalt	X
6"	130	133	Fractured Bisalt 26 GPM	X
6"	133	190	Bisalt	X
6"	190	200	Sand and Fractured Bisalt 23 GPM	X

RECEIVED

JAN 19 2010

IDWR/North



Completed Depth (Measurable): 200'

Date Started: 12-19-09 Date Completed: 12-31-09

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 Co. No. 632

*Principal Driller C. Mark Horsley Date 1-18-10

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

*Signature of Principal Driller and rig operator are required.

SCANNED

DEC 19 2016