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FEB 06 1997

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097016

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

1. DRILLING PERMIT NO. 96-97-N-003-000

Other IDWR No. _____

2. OWNER

Name MALLORY, ALLEN

Well Number:

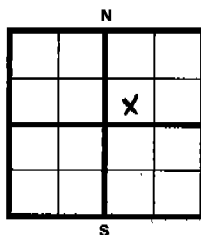
526

Address PO BOX 773

City HAYDEN State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 53 ☒ North or ☐ South
 Rge. 03 ☐ East or ☒ West
 Sec. 21 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site E 5573 PARKS RD

City ATHOL

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

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	
BENTONITE	0	60	4 SACKS	Powder/ 3 Crumbl

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	182	.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:

310 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1 GPM			1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAN

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	2	Topsoil Brown	☐	☒
8	2	30	Gravels Cobbles Clays	☐	☒
8	30	52	Gravels Sand	☐	☒
8	52	56	Boulder	☐	☒
8	56	100	Sands W/Clay Lenses	☐	☒
8	100	140	Gravels Sands	☐	☒
8	140	145	Boulder	☐	☒
8	145	175	Gravels Sand Cemented	☐	☒
8	175	182	Granite Black Hard	☐	☒
6	182	200	Granite Black Hard	☐	☒
6	200	210	Granite Salt & Pepper Fracture	☒	☐
6	210	400	Granite Salt & Pepper Medium	☐	☒
6	400	420	Granite Salt & Pepper Medium	☐	☒
	0	0	1x6" Bolt on Well Cap	☐	☐

Completed Depth 420' (Measurable)
 Date: Started 01/21/97 Completed 01/23/97

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. 448

Firm Official *Donna L. Smith* Date 1-21-97and Supervisor or Operator *Mark L. Lee* Date 1-31-97

(Sign Once if Firm Official and Operator)

SWNE 21 53N 3W