

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0033739

Drilling Permit No: 816053
Other IDWR No. _____

2. OWNER

Name Schrack, Robert #2

Well Number:

760

Address 14355 Twete Road IL

City Athol State DI Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. 53 ☒ North or ☐ South	
Rge. 02 ☐ East or ☒ West			
Sec. 17 <u>1/4 NE 1/4 SE 1/4</u>			
Gov't Lot _____ County <u>KOOTENAI</u>			
Lat: : : Long: : :			
Address of Well Site <u>14355 Twete Road</u>			
City <u>Athol</u>			

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

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	
BENTONITE	0	67	300 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 67

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	67	.250	Steel	☒	☐	☒	☐
4	-60	400	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skil saw

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
380	400	1/8	40	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

110 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 327 ft. Describe access port or control devices: Steel Cap welded

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5-6	100	400	1 hr

Water Temp. Cold _____ Bottom Hole Temp Cold _____

Water Quality test or comments: Clear

Depth first Water encountered 97

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	47	Sands & Gravel	☐	☒
8	47	61	Cemented Sands & Gravels	☐	☒
8	61	67	Broken Granite	☐	☒
6	67	89	Granite S&P Med Soft	☐	☒
6	89	97	Granite Soft w/Green Soft 1/2gpm	☒	☐
6	97	188	Granite S&P w/Pink Med Soft	☐	☒
6	188	277	Granite S&P w/Green Seems Med	☐	☒
6	277	329	Granite S&P Med	☐	☒
6	329	336	Granite S&P w/Green Soft 4gpm	☒	☐
6	336	371	Granite S&P Med	☐	☒
6	371	374	Granite Broken S&P 1 1/2gpm	☒	☐
6	374	400	Granite S&P w/Green Med Soft	☐	☒

RECEIVED
JUN 16 2004
IDWR/North

Completed Depth 400 (Measurable)

Date: Started 6/2/2004 Completed 6/3/2004

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 Mark Penick Date 06/07/04

and _____

Supervisor or Operator Mark Penick Date 06/04/04

Mark Penick (Sign Once if Firm Official and Operator)

53 N 2 W 17