

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0044826

Drilling Permit No: 840139
Other IDWR No. _____

2. OWNER

Name Gary and Rae Schneider Well Number: 1167

Address 15050 E Hayden Lake Rd

City Hayden Lake State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. 51 ☒ North or ☐ South	
W		Rge. 03 ☐ East or ☒ West	
E		Sec. 14 SW 1/4 NW 1/4 1/4	
S		Gov't Lot _____ County <u>KOOTENAI</u>	
		Lat: _____ Long: _____	
		Address of Well Site <u>15435 E. HAYDEN LAKE</u>	
		City <u>HAYDEN LAKE</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	50	720 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	58	.250	STEEL	☒	☐	☒	☐
4	-7	163	SCH40	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
147	163	1/8X6	50	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.

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

S/N 3W 14

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			1hr

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 80

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	3	TOP SOIL	☐	☒
8	3	16	CLAY	☐	☒
8	16	58	DECOMPOSED GRANITE	☐	☒
6	58	85	WHITE AND BLACK GRANITE SOFT	☒	☐
6	85	120	WHITE AND BLACK GRANITE SOFT	☐	☒
6	120	145	WHITE AND BLACK GRANITE	☒	☐
6	145	163	WHITE AND BLACK GRANITE	☐	☒

RECEIVED

JUL 31 2006

IDWR/North

RECEIVED

JUL 28 2006

IDWR/North

Completed Depth 163 (Measurable)

Date: Started 6/1/2006 Completed 6/1/2006

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 Adam R. Smith Date 6-06/06

and Supervisor or Operator Todd Morgan Date 06/02/06

Todd Morgan (Sign Once if Firm Official and Operator)