

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0045001DRILLING PERMIT NO. 840408

Water Right or Injection Well No. _____

2. OWNER:

Name Rick and Jody Weis
Address 29763 Good Hope Rd.
City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 53 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 18 SE 1/4 SE 1/4 NE 1/4
Gov't Lot _____ County Kootenai 10 acres 40 acres 160 acresLat: _____ Long: _____
Address of Well Site 29763 Good Hope Rd.
City Athol

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	20	6-50 lbs	Overlaid

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring @ 380'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
+6"	+2	380	1.250	Steel	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method None

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
		N/A				☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
		N/A		

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

380' ft. below ground
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
12			4 Hours

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
				Y N
10 0	20		LARGE GRAVEL	
8 20	195		SAND and GRAVEL	X
8 195	201		GRANITE BOLDER	X
8 200	351		SAND and GRAVEL	X
8 351	363		GRANITE BOLDER	X
8 363	375		SAND GRAVEL	X
8 375	380		GRANITE	X
5 1/2 380	540		GRANITE	X
5 1/2 540	542		FRACTURED GRANITE 1 GPM	X
5 1/2 542	570		GRANITE	X
5 1/2 570	572		FRACTURED GRANITE 4 GPM	X
5 1/2 572	590		GRANITE	X
5 1/2 590	593		FRACTURED GRANITE 7 GPM	X
5 1/2 593	620		GRANITE	X

RECEIVED

JUN 30 2006

IDWR/North

Completed Depth 620' (Measurable)
Date: Started 6-22-06 Completed 6-27-06

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 Firm No. 632Principal Driller Mark Horsley Date 6-27-06

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES