

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. D0028344

Drilling Permit No: 800-288

Other IDWR No. _____

2. OWNER

Name DAVIS, TOM

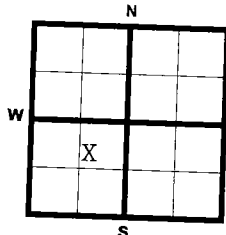
Well Number: 569

Address 566 PARKSIDE DRIVE

City HAYDEN State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 47 ☒ North or ☐ South

Rge. 4 ☐ East or ☒ West

Sec. 3 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County KOOTENAI

Lat. _____ Long. _____

Address of Well Site

City HARRISON

(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	
DRY GRANULE				
BENTONITE	0	18	6 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 95

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	97	.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:

72 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 100 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30			1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLOUDY

Depth first Water encountered 100

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
8	0	12	Soil, Clay & Basalt	☐ Y	☐ N
8	12	39	Broken Basalt w/Clay	☐ Y	☐ N
8	39	89	Broken Basalt	☐ Y	☐ N
8	89	102	Broken Basalt	☒ Y	☐ N

Completed Depth 102 (Measurable)
Date: Started 5/14/03 Completed 5/15/03

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 _____ Date 5-20-03

and Supervisor or Operator _____ Date 5-19-03

(Sign Once if Firm Official and Operator)

(Todd Morgan)

47N 4W 3