

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ : _____ Long: _____ : _____

1. WELL TAG NO. D 0054515
DRILLING PERMIT NO. 851384
Water Right or Injection Well No. _____

2. OWNER:

Name Jack and Brenda Bittner
Address 60 Cottonwood Dr
City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:

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

Twp. 46 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 26 NE 1/4 NW 1/4
Gov't Lot _____
County Beneva
Lat: 47:18:61N Long: 116:41:07W
Address of Well Site 190 Bittner Way, 2 miles up
Beneva, to the Springs City St. Maries
(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>40</u>	<u>125x</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 118
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>12</u>	<u>118</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☐
<u>18</u>	<u>238</u>	<u>160</u>	<u>PVC</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Skill Saw
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>178</u>	<u>238</u>	<u>1/16x5</u>	<u>150</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>None</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

_____ ft. below ground Artesian pressure _____ lb.
Depth flow encountered 205 ft. Describe access port or control devices: Well cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>50 gpm</u>	<u>Air lift From 245 ft</u>		<u>1.5 hrs</u>

Water Temp. 43 Bottom hole temp. _____

Water Quality test or comments: Cold & Clear / no odor
Depth first Water Encounter 205

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>6</u>	<u>Clay - red</u>		
	<u>6</u>	<u>28</u>	<u>Clay & Gravel</u>		
<u>8</u>	<u>28</u>	<u>67</u>	<u>Clay - Tan</u>		
	<u>67</u>	<u>92</u>	<u>Clay - red w/Gravel</u>		
	<u>92</u>	<u>205</u>	<u>Basalt hard</u>		
<u>6</u>	<u>205</u>	<u>245</u>	<u>Basalt Fractured w/water</u>	☒	
			<u>50 gpm</u>		

RECEIVED

MAY 19 2008

IDWR/North

SCANNED

DEC 21 2017

Completed Depth 245 (Measurable)
Date: Started 5-12-08 Completed 5-13-08

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 Interstate Drilling LLC Firm No. 689

Principal Driller Ryan Suchoski Date 5-14-08

Driller or Operator II _____ Date _____

Operator I [Signature] Date 5-14-08

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

46N 03W 26E FORWARD WHITE COPY TO WATER RESOURCES