

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 00061655

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER

Name **KATHLEEN A. LAFORTUNE**

Address **710 E 7ST**

City **MOSCOW** State **ID** Zip **83843**

3. WELL LOCATION:

Twp. **41** North ☒ or South ☐ Rge. **5** East ☐ or West ☒

Sec. **20** 1/4 **NE** 1/4 **SE** 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County **LATAH**

Lat. **N46 ° 53 047** (Deg. and Decimal minutes)

Long. **W116 ° 58 961** (Deg. and Decimal minutes)

Address of Well Site **RUDD RD. WALKER RD.**

City **POTLATCH**

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

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
BENTONITE	0	75	36	DRY

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8"	+1	135	250	STEEL	☒	☐	☐	☒
6"	20	180	200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) **135'**

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method **SAW**

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
120	180	1/8x12	90	6"	PVC	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) **160** Static water level (ft) **8**

Water temp. (°F) **53** Bottom hole temp. (°F) _____

Describe access port **WELL CAP**

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	5	1 HR

Test method:

Pump ☐ Bailer ☐ Air ☒ Flowing artesian ☐

Water Quality test or comments:

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y N
12	0	5	SOIL BLACK	
12	0	33	CLAY BROWN	
12	33	131	ARGELITE SOFT BROWN	
12	131	135	ARGELITE MEDIUM BROWN	
8	135	180	ARGELITE MEDIUM	X

RECEIVED

NOV 20 2013

IDWR / NORTH

Completed Depth (Measurable) **180'**

Date: Started **9/10/13** Completed **9/16/13**

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

MCPHERSON & WRIGHT

Company Name **DRILLING**

Co. No. **0376**

*Principal Driller *[Signature]*

Date **10/2/13**

*Driller _____

Date _____

*Operator II _____

Date _____

Operator I *[Signature]*

Date **10/2/13**

*Signature of Principal Driller and rig operator are required.