

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0022872-816199
DRILLING PERMIT NO. replaces 017881
Water Right or Injection Well No. _____

2. OWNER: Geard Griffith
Name _____
Address 448 East River Spur
City Priest River State ID Zip 83850

3. LOCATION OF WELL by legal description:

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

Twp. 58 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 14 1/4 SE 1/4 SW 1/4
Gov't Lot _____ County Bonner

Lat: _____ Long: _____
Address of Well Site 448 East River Spur
City Priest River

(Give all road names - Distance in 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
Bentonite	0	18	600 lb	Temp Casing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 142'
Was drive shoe seal tested? ☒ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 + 1	142	250	Steel		☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method None
Screen Type & Method of Installation telescoping / pull back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
142	147	25	6	6	S.S.	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

58N 4W 14

CORRECTED REPORT

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
<u>10</u>	<u>5'</u>	<u>85'</u>	<u>1hr</u>

Water Temp. cold

Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 30

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dis.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	18	Topsoil, Clay		☒
6	18	30	Clay "		☒
6	30	100	" "	☒	
6	100	140	" "	☒	
6	140	142	" "	☒	
6	142	147	Sand Course	☒	

RECEIVED

JUN - 15 - 01

IDWR, North

Completed Depth 147 (Measurable)
Date: Started 10/25/01 Completed 11/5/01

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 Carl Pitts & Sons Firm No. 1108

Principal Driller Steve Pitts Date 11/5/01

and Driller or Operator II Joe Eckert 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