

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTRECEIVED
MAY 20 20101. WELL TAG NO. D 0058060
Drilling Permit No. 859457
Water right or injection well # _____2. OWNER:
Name Lorna Finman
Address 6918 Diagonal Rd.
City Rathdrum State Id. Zip 838583. WELL LOCATION:
Twp. 52 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 30 NE 1/4 NW 1/4 _____ 1/4 _____Gov't Lot _____ County Kootenai
Lat. N47° 49.875 (Deg. and Decimal minutes)
Long. W116° 53.069 (Deg. and Decimal minutes)
Address of Well Site End of Willadsen Rd.
City Rathdrum

(Give at least name of road + distance to field or landmark)

Lot. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____5. TYPE OF WORK:
☒ 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 40 25 bags overbored8. CASING/LINER:
Diameter (nominal) From (ft) To (ft) Gauge/Schedule Material Casing Liner Threaded Welded
6 42 40 250 STEEL ☒ ☐ ☐ ☒Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40'9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method N/A
Manufactured screen ☐ Y ☒ N Type N/A
Method of installation N/AFrom (ft) To (ft) Slot size Number/ft Diameter (nominal) Material Gauge or Schedule
N/ALength of Headpipe N/A Length of Tailpipe N/A
Packer ☐ Y ☒ N Type N/A10. FILTER PACK:
Filter Material From (ft) To (ft) Quantity (lbs or ft³) Placement method
N/A11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) N/A
Describe control device N/A12. STATIC WATER LEVEL and WELL TESTS: IDWR/North
Depth first water encountered (ft) 47 Static water level (ft) 40
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port _____Well test: Test method:
Drawdown (feet) Discharge or yield (gpm) Test duration (minutes) Pump Bailer Air Flowing artesian
25 GPM 4 Hours ☐ ☐ ☒ ☐Water quality test or comments: Needs Liner

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
10	0	4	Soil		X
10	4	23	SAND and GRAVEL		X
10	23	40	Soft GRANITE		X
6	40	47	GRANITE		X
6	47	50	Fractured GRANITE	X	
6	50	135	GRANITE		X
6	135	137	Fractured GRANITE	X	
6	137	220	GRANITE		X
6	220	225	Light GREEN GRANITE	X	
6	225	320	GRANITE		X
6	320	323	Fractured GRANITE	X	
6	323	475	GRANITE		X
6	475	478	Fractured GRANITE		X
6	478	528	GRANITE		X
6	528	533	Weathered GRANITE	X	
6	533	620	GRANITE		X

Completed Depth (Measurable):

Date Started: 4-27-10 Date Completed: 5-2-10

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 Co. No. 632*Principal Driller C. Mark Horsley Date 5-3-10

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

52N 04W 30

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 0040020
 DRILLING PERMIT NO. 832584
 Water Right or Injection Well No. _____

2. OWNER:
 Name Glenn Sylte
 Address 6444 W Diagonal Rd
 City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 52 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 30 1/4 SW 1/4 NE 1/4
 Gov't Lot _____ County Kootenai
 Lat: : : Long: : :
 Address of Well Site Willadsen Rd
 City Rathdrum
 (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
bentonite	0	18	400lbs	surface pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 128
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1 1/2	128	250	steel	☒	☐	☒	☐
4	-8	348	160	pvc	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ Y ☐ N Type k-packer 188

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method saw
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
288	348	1/8x5	50	4	pvc	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
118 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: cap

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
15+		340	1 1/2 hr

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 220

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	18	sand&gravel		
6	18	98	sand&gravel		
	98	105	brown clay&sand		
	105	128	decomposed granite		
	128	133	firm salt&pepper granite		
	133	170	salt&pepper some de-		
			composed granite		
	170	220	firm salt&pepper granite		
	220	223	soft salt&pepper granite	X	
	223	303	firm salt&pepper granite		
	303	315	softer salt&pepper		X
	315	348	firmer salt&pepper		

Completed Depth 348ft (Measurable)

Date: Started 4/15/05 Completed 4/19/05

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 Bronson Water Wells Firm No. 360

Principal Driller Clint Bronson Date 4/22/05
 and _____

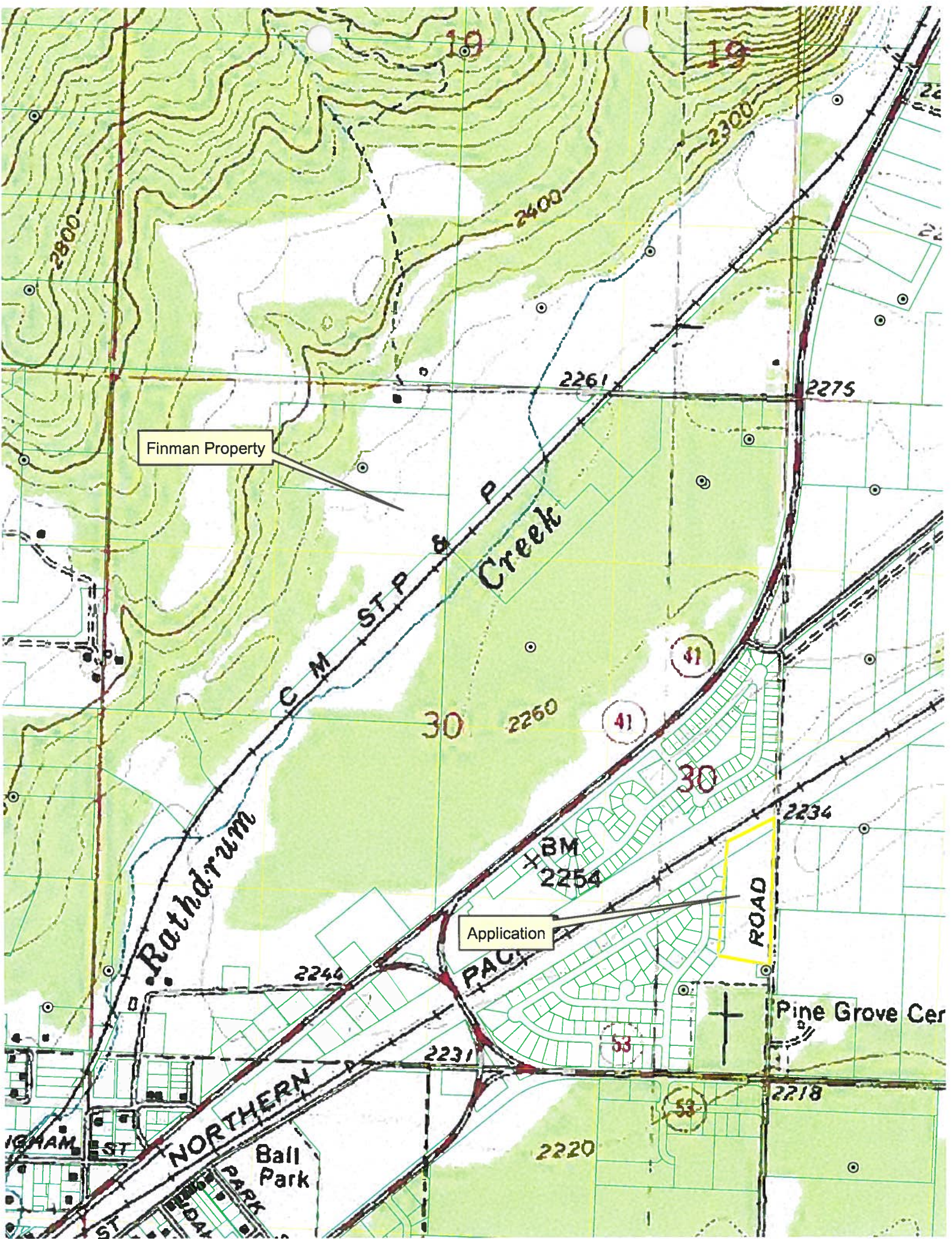
Driller or Operator II _____ Date _____

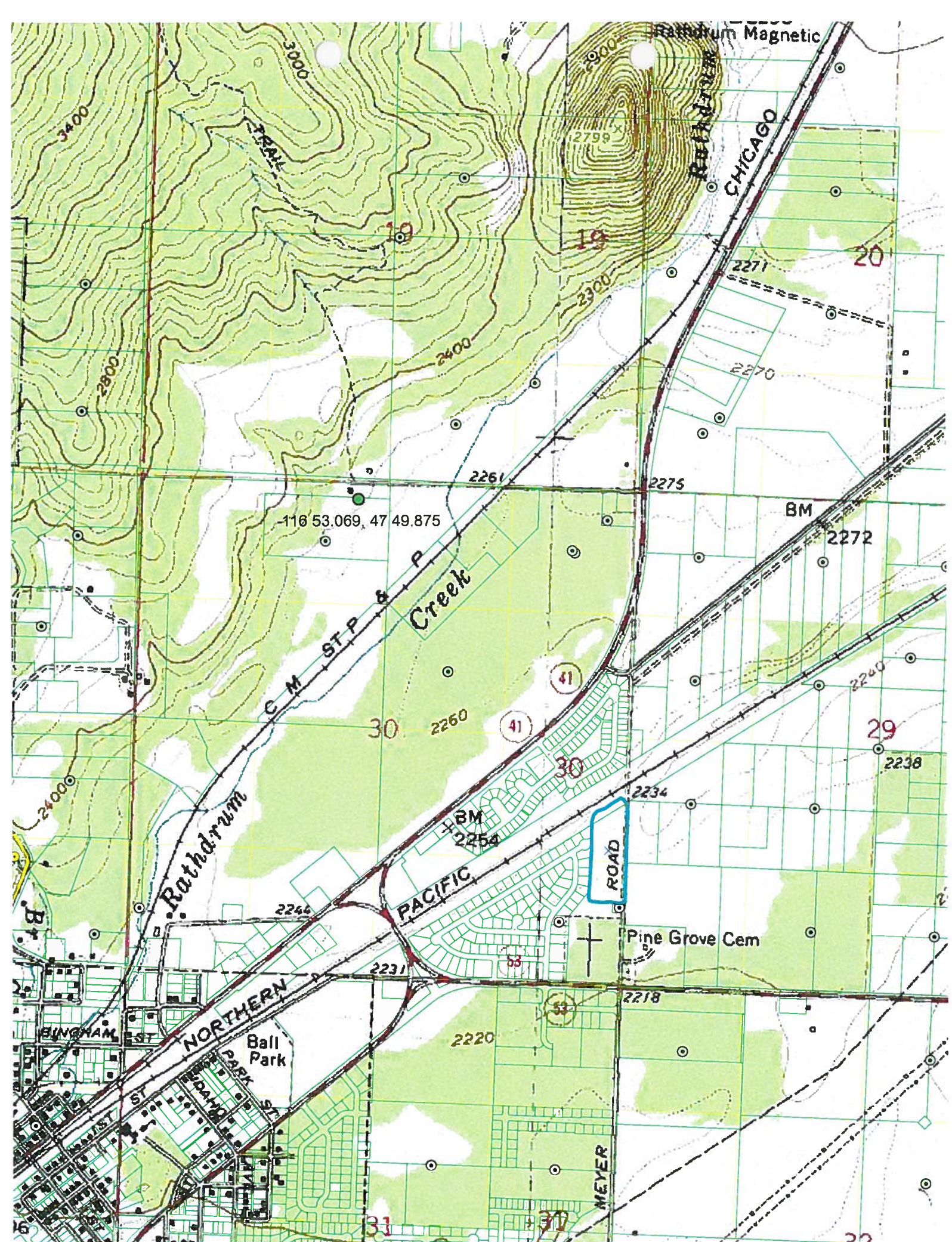
Operator I _____ Date _____

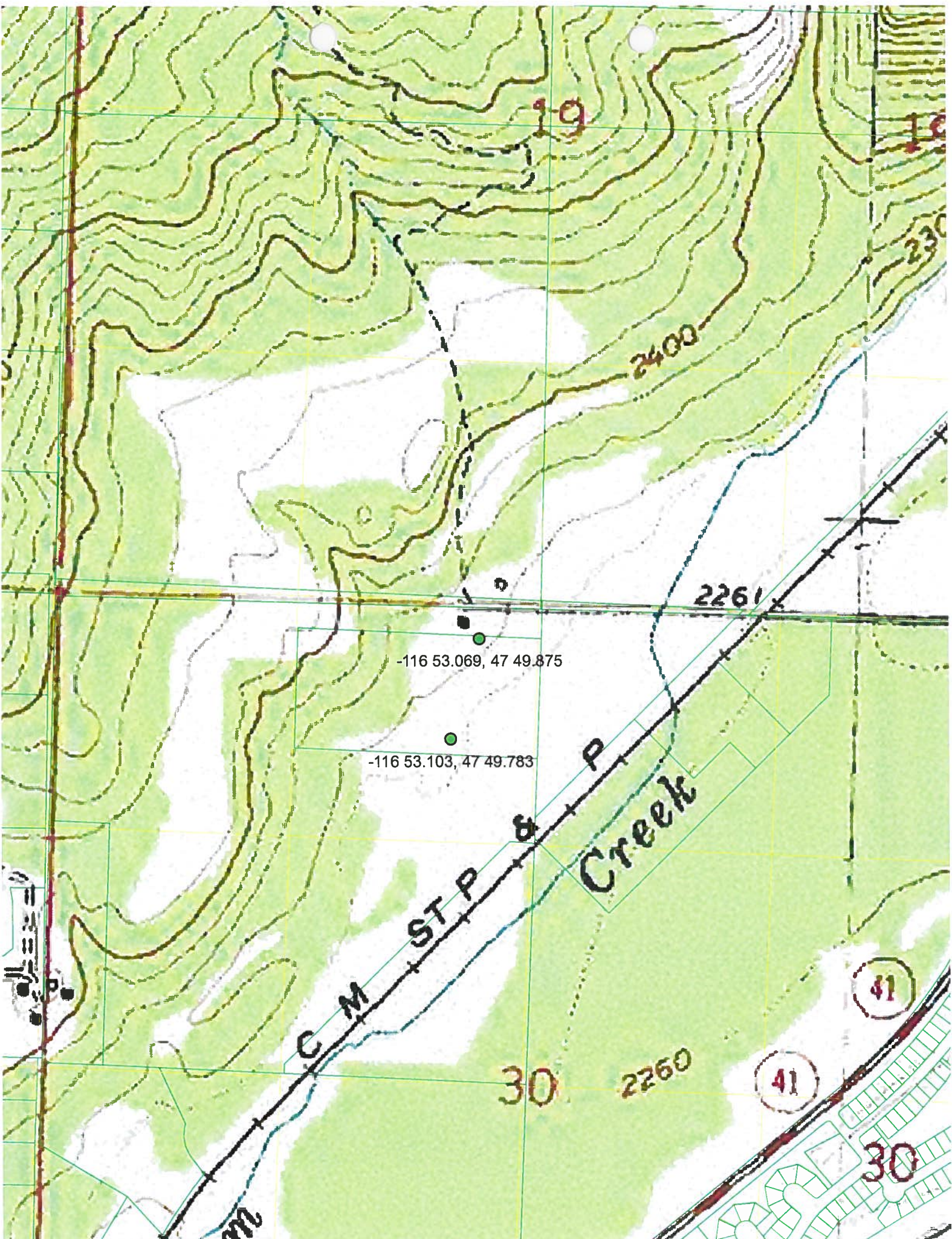
Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.













Antesian

EL 2350

EL 2340

EL 2338

W. 8.