

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 53833
DRILLING PERMIT NO. 748283
Water Right or Injection Well No. _____

ENTERED

2. OWNER:

Name JULIE F SHRAKE
Address P.O. BOX 206
City PRIEST RIVER State ID Zip 83856

3. LOCATION OF WELL by legal description:

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

Twp. 56 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 11 1/4 NE 1/4 SW 1/4
Gov't Lot _____
County BONNER
Lat: _____ Long: _____
Address of Well Site 2520 HWY 57
City PRIEST RIVER

(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>18</u>	<u>400/65</u>	<u>TEMP CASING</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 67

Was drive shoe seal tested? ☐ Y ☒ N How? N/A

8. CASING LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>67</u>	<u>250</u>	<u>STEEL</u>	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A

Packer ☒ Y ☐ N Type 8" K-PACKER

9. PERFORATIONS SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation STAINLESS TELESCOPING

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>65</u>	<u>70</u>	<u>16</u>	<u>304</u>	<u>5"</u>	<u>SS</u>	☒	☐
<u>70</u>	<u>75</u>	<u>16</u>	<u>304</u>	<u>5"</u>	<u>SS</u>	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>N/A</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

36 ft. below ground Artesian pressure _____ lb.

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

WELL CAP
56N 5W 11

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>			<u>1 HR</u>

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: GOOD

Depth first Water Encounter 62

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>DIRT / DUFF</u>		☒
<u>6</u>	<u>18</u>	<u>75</u>	<u>SAND / GRAVEL</u>	☒	

RECEIVED
AUG 08 2007
IDWR/North

RECEIVED
SEP 24 2007
IDWR/North

Completed Depth 75' (Measurable)

Date: Started 8-4-07 Completed 8-6-07

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 HUGHES WATER WELLS Firm No. 604

Principal Driller Dan Hughes Date 8-6-07

Driller or Operator II _____ Date 8-6-07

Operator I _____ Date _____

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