Form 238-7
6/02

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: : :

ENTERED

1. WELL TAG NO. D00 46235
DRILLING PERMIT NO. 844083
Water Right or Injection Well No.

2. OWNER:
Name Shelly Jinkins
Address Box 1169
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. 56N North ☐ or South ☐
Rge. 5W East ☐ or West ☐
Sec. 22, ____ 1/4 (10 acres) NE 1/4 (40 acres) SE 1/4 (160 acres)
Gov't Lot ____ County ____
Lat: : : **Long:** : :
Address of Well Site 86 Holley Glen RD 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
Bentowite	0	20	45 lbs	Over Bore

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 20'
Was drive shoe seal tested? ☐ Y ☑ N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	20	160	Steel	☑	☐	☑	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

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

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
30 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 49' ft. Describe access port or control devices: ____

56 N 5W 22

12. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20 GPM	100%	85'	1 HR

Water Temp. COLD Bottom hole temp. ____
Water Quality test or comments: ____
Depth first Water Encounter 49'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8"	0	3'	Top Soil		✓
8"	3'	18'	Decoposed Granete Brown		✓
6"	18	48	Salt + Pepper Granet		✓
6	48	50	Broken Granet 20 GPM	✓	
6'	50	85'	Granet Salt + Pepper	✓	

RECEIVED
MAR 23 2007
IDWR/North

Completed Depth 85' (Measurable)
Date: Started 12-5-06 Completed 12-6-06

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. 168
Principal Driller Steve Pitts Date 12/20/06
and
Driller or Operator II John E. Pitts Date 12/20/06
Operator I ____ Date ____
Principal Driller and Rig Operator *Required*.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES