

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0086628

Drilling Permit No. 8916842

Water right or Injection well # _____

2. OWNER: Theodore & Elizabeth Cork

Name _____

Address P.O. Box 2243

City Priest River State ID Zip 83856

3. WELL LOCATION:

☒ Twp. 56N North ☒ or South ☐ Rge. 04W East ☐ or West ☒
Sec. 33 10 acres 1/4 SE 40 acres 1/4 NE 160 acres 1/4

Gov't Lot _____ County Bonner

Lat. 48 (Deg. and Decimal minutes)

Long. 116 (Deg. and Decimal minutes)

Address of Well Site NNA Cork Rd.

City Priest River

(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:

☒ 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 ft ³)	Placement method/procedure
Bentonite	0	38	1000 lbs.	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	38	.250	Steel	☒	☐	☐	☒
4"	-5	400	40	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skillsaw

Manufactured screen ☐ Y ☒ N Type _____

Method of Installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
380	400	1/4x4	20'	4"	PVC	Sch. 40

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	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) 172' Static water level (ft) 86'

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port Welded cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Ball	Air	Flowing artesian
	<u>4</u>	<u>60</u>	☐	☐	☐	☐

Test method:

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
10	0	7	Broken Decomposed Granite		X
10	7	38	Gray & White Granite		X
6	38	120	Gray & White Granite		X
6	120	172	Black Granite		X
6	172	178	White & Green Granite w/ 1 gpm	X	
6	178	208	Gray Granite		X
6	208	211	Green Granite w/ 2 gpm	X	
6	211	246	Purple Granite		X
6	246	310	White & Gray Granite		X
6	310	385	Black Granite w/ 1 gpm @370'	X	
6	385	400	Gray Granite		X

RECEIVED

DEC 29 2020

IDWR/NORTH

Completed Depth (Measurable): 400'

Date Started: Dec 17, 2020

Date Completed: Dec 21, 2020

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 H2O Well Service Inc Co. No. 448

*Principal Driller [Signature] Date 12-28-2020

*Driller [Signature] Date 12-28-2020

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.