

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED

Office Use Only

1. WELL TAG NO. D 0033485
DRILLING PERMIT NO. 810 514
Water Right or Injection Well No. _____

2. OWNER:
Name MARK SKODILICH
Address 5121 Frontage Rd
City Deer Park State WA Zip 99006

3. LOCATION OF WELL by legal description:

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

Twp. 50 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 32 1/4 SW 1/4 SW 1/4
Gov't Lot _____ County Bonner

Lat: _____ Long: _____
Address of Well Site Thema Dr.
City Presi 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>250 lbs</u>	<u>TEMPORARY</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6 1/2</u>	<u>25</u>	<u>20</u>	<u>20</u>	<u>Steel</u>	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation COCK - pull back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>25</u>	<u>30</u>	<u>15</u>		<u>6"</u>	<u>S.S.</u>	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>3</u>	<u>7'</u>	<u>27'</u>	<u>2 hrs</u>

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: Clear

Depth first Water Encounter 21'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>TOP SOIL, Sand</u>			☒
<u>6</u>	<u>18</u>	<u>21</u>	<u>SAND</u>			☒
<u>6</u>	<u>21</u>	<u>29</u>	<u>SAND, Fine</u>		☒	
<u>6</u>	<u>29</u>	<u>30</u>	<u>SAND, Clay</u>		☒	

Completed Depth 30' (Measurable)
Date: Started 1/29/04 Completed 2-2-04

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 Cox / Potts & Sons Firm No. 1608

Principal Driller Steve Potts Date 2/3/04

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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