

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 56765Drilling Permit No. 8S7596

Water right or injection well # _____

2. OWNER: TED DELACA

Name _____

Address P.O. BOX 61City COOLIN State ID Zip 83821

3. WELL LOCATION:

Twp. 59 North ☒ or South ☐ Rge. 4 East ☐ or West ☒Sec. 3 1/4 NW 1/4 SE 1/4Gov't Lot _____ County BONNERLat. 48 ° 29 : 418 (Deg. and Decimal minutes)Long. 116 ° 50 : 286 (Deg. and Decimal minutes)Address of Well Site PLUMBAGO POINT RD, 400' E.of FOREST VIEW RD City PRIEST LAKE

(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 ft³) Placement method/procedure

BENTONITE 0 30 1,100 lbs TEMP CASING

8. CASING/LINER:

Diameter (nominal) From (ft) To (ft) Gauge/Schedule Material

6 +258 250 STEEL

Casing Liner Threaded Welded

☒ ☐ ☐ ☒☐ ☐ ☐ ☐

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 29 Static water level (ft) 29Water temp. (°F) COLD Bottom hole temp. (°F) _____Describe access port WELL CAP

Well test:

Drawdown (feet) Discharge or yield (gpm) Test duration (minutes)

26 6 60Pump ☐ Bailer ☒ Air ☐ Flowing artesian ☐Water quality test or comments: GOOD

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

10 0 1 SAND/TOP SOIL Y N10 1 6 BOULDERS Y N10 6 16 GRAVEL / SAND Y N10 16 30 CLAY (BLUE) Y N6 30 41 SAND / GRAVEL Y N6 41 43 SILT / CLAY (BLUE) Y N6 43 45 BOULDER Y N6 45 59 SAND / CLAY Y N6 59 63 SAND / GRAVEL Y N6 63 - GRANITE (BLACK) HARD Y N8' of 38' SEAL WAIVER(VERBAL) GIVEN BYBOB HAYNES ANDAL BEARDSLEE (IDWR)RECEIVEDOCT 02 2009IDWR / NORTHCompleted Depth (Measurable): 63'Date Started: 9-9-09 Date Completed: 9-15-09

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 Co. No. 604*Principal Driller David Hughes Date 10-1-09*Driller David Hughes Date 10-1-09

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) N/ADescribe control device N/A59N 04W 03