

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0079052

Drilling Permit No. 887275
Water right or injection well # _____

2. OWNER:

Name Tuffy and Carmen McDonald
Address 1870 Hwy 57
City Priest River State ID Zip 83856

3. WELL LOCATION:

Twp. 56 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec. 14 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County Bonner
Lat. 48 12.360 (Deg. and Decimal minutes)
Long. 116 55.188 (Deg. and Decimal minutes)
Address of Well Site 1870 Hwy 57

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 Chips	0	39	1050 lbs.	Temp. Casing/Dry

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+1	39	.250	Steel	☒	☐	☐	☒
4"	20	500	40	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 39'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Saw Cut

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
420	500	1/8x6	2	4"	PVC	40

Length of Headpipe NA Length of Tailpipe NA

Packer ☐ Y ☒ N Type NA

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
NA				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) NA

Describe control device NA

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 135' Static water level (ft) 120'
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port Steel Welded Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
NA	4 gpm	240	☐	☐	☒	☐

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
12	0	25	Sand w/Cobbles		X
12	25	39	Granite Black and White		X
6	39	240	Granite Fracture @ 135'	X	
6	240	330	Shale Grey		X
6	330	475	Granite Fracture @ 475'	X	
6	475	500	Shale Grey w/Purple		X

Completed Depth (Measurable): 500'

Date Started: 8/27/2018 Date Completed: 9/5/2018

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 Horsley Drilling, Inc. Co. No. 632

*Principal Driller C. Mark Horsley Date 9/6/2018

*Driller [Signature] Date 9/7/2018

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.