

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 79180
 Drilling Permit No. 889273
 Water right or injection well # _____

2. OWNER:
 Name Steven Braz
 Address P.O. Box 177
 City St. Maries State ID Zip 83861

3. WELL LOCATION:
 Twp. 45 North or South Rge. 1 East or West
 Sec. 20 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County Benewah
 Lat. 47 ° 14.146N (Deg. and Decimal minutes)
 Long. 116 ° 29.905W (Deg. and Decimal minutes)
 Address of Well Site 511 Bent Bar Dr
 City St. Maries

(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	1350 lbs	pour around pipe

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	-78	2.50	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4"	-18	-176	sch 40	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) -78 Ft

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
-75	-176	1/4x6	145	6"	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
none				

11. FLOWING ARTESIAN:
 Flowing Artesian? Y N Artesian Pressure (PSIG) _____
 Describe control device Well Cap

12. STATIC WATER LEVEL and WELL TESTS:
 Depth first water encountered (ft) 95 Ft Static water level (ft) -36 Ft
 Water temp. (°F) Cold Bottom hole temp. (°F) _____
 Describe access port Well Cap

Well test:	Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Test method:			
				Pump	Bailer	Air	Flowing artesian
50 gpm airlift	from 176 ft	for 2hrs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	

Water quality test or comments: Cold and Cloudy/ No Odor

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	12	tan clay		X
	12	28	basalt-medium hard		X
	28	76	basalt-broken caving		X
8"	76	152	shale-broken with water 3 gpm	X	
6"	152	180	clay with shale with water 30 gpm	X	
	180	170	clay-grey w/sand 50 gpm	X	
	170	186	basalt-medium hard		X
			50 gpm total at 176 Ft		

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MAY 23 2019
IDWR / NORTH

Completed Depth (Measurable): 176 Ft
 Date Started: 4-8-19 Date Completed: 4-9-19

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 Interstate Drilling LLC Co. No. 689
 *Principal Driller Ryan Suchoski Date 4-10-19
 *Driller RJ Date 4-10-19
 *Operator II _____ Date _____
 Operator I Austin Date 4-10-19

* Signature of Principal Driller and rig operator are required.