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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Location Corrected by IDWR To:

T47N R03W Sec. 34 SENESW

By: mciscell 2013-10-18

1. WELL TAG NO. D D0056494Drilling Permit No. 887547

Water right or injection well # _____

2. OWNER: Timothy M. Ritchey

Name _____

Address 238 S. 10th St.City St. Maries State ID Zip 83861

3. WELL LOCATION:

Twp. 47 North ☒ or South ☐ Rge. 3 East ☐ or West ☒Sec. 34 1/4 N/W 1/4 N/E 1/4

Gov't Lot _____ County _____

Lat. N 47° 22.557 (Deg. and Decimal minutes)Long. W 116° 42.319 (Deg. and Decimal minutes)Address of Well Site 5622 E. Holiday Rd.City Harrison

(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
Granular	0	-60	18 Sacks	Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	12	-58	.250	Steel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4"	-20	-300	160	PVC Plastic	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method DrillManufactured screen ☐ Y ☒ N Type _____Method of installation Set with Drill

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
-240	-300	3/4	60	4"	PVC Plastic	160 Psi

Length of Headpipe N/A Length of Tailpipe N/APacker ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
N/A				
N/A				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____Describe control device Well Cap

47N 03W 34

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 175 Static water level (ft) 226Water temp. (°F) 52° Bottom hole temp. (°F) _____Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	2.6 gpm	1 hour

Test method:

Pump	Bailer	Air	Flowing artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	3	Clay		
	3	20	Broken Soft basalt		
	20	45	Broken Med basalt		
	45	60	Med Basalt		
	60	140	med Basalt		
	140	160	med Basalt		
	160	175	med Basalt		
	175	180	med Basalt		
	180	195	med Basalt		
	195	220	Hard Basalt		
	220	240	Hard Basalt		
	240	260	Med Basalt		
	260	280	Soft Basalt		
	280	300	Soft Basalt w/clay		

RECEIVED

OCT 08 2009

IDWR/North

ENTERED

Completed Depth (Measurable): 300Date Started: 9-2-09 Date Completed: 9-4-09

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 Action Drilling Co. No. 618*Principal Driller Alvin Carri's Date _____*Driller Alvin Carri's Date _____*Operator II Matt Hansen Date 10-2-09

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

2

1. DRILLING PERMIT NO. 71-95-N-6 - 200
Other IDWR No. 100

2. OWNER:
Name Ladd, Dorothy
Address 5323 Holiday Lane
City Harrison State Id Zip 83833

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

Map grid showing location. Twp. 47 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 34 NE 1/4 or SW 1/4
Gov't Lot 34 County Beneish
Address of Well Site 5323 Holiday Ln
rd on Indian Rd 1/2 mi City Harrison
Lt. Blk. Sub. Name Holiday Ln.

4. PROPOSED USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK
☒ New Well ☐ Modify or Repair ☒ Replacement ☐ Abandonment

6. DRILL METHOD
☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
<u>Cementite</u>	<u>1</u>	<u>20</u>	<u>500^{lb}</u>	<u>Trimmed</u>

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>1</u>	<u>20</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS
☐ Perforations Method
☒ Screens Screen Type X

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
			<u>1</u>			<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
252 ft. below ground Artesian pressure lb.
Depth flow encountered ft. Describe access port or control devices:
NESW 34 47N 3W

11. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>EST 4 By Air Lift</u>			

Water Temp. Bottom hole temp.
Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>1</u>	<u>3</u>	<u>Top Soil</u>		<input checked="" type="checkbox"/>
<u>8</u>	<u>3</u>	<u>20</u>	<u>Hard Basalt</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>20</u>	<u>165</u>	<u>Hard Basalt</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>165</u>	<u>185</u>	<u>Driller Basalt</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>185</u>	<u>295</u>	<u>Hard Basalt</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>295</u>	<u>305</u>	<u>Driller Basalt</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>305</u>	<u>345</u>	<u>Red Hard Pen</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>345</u>	<u>395</u>	<u>Orange Hard Pen</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>395</u>	<u>715</u>	<u>Blue Shale Hard</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>715</u>	<u>925</u>	<u>Soft Shale</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>925</u>	<u>915</u>	<u>Hard Shale</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>915</u>	<u>920</u>	<u>Soft Shale</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>920</u>	<u>995</u>	<u>Hard Shale</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>995</u>	<u>1020</u>	<u>Soft Shale</u>	<input checked="" type="checkbox"/>	

Completed Depth 1020 (Measurable)
Date: Started 9/20 Completed 11/8/95

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Provision Drilling Inc Firm No. 558
Firm Official [Signature] Date 11/15/95
and [Signature]
Supervisor or Operator [Signature] Date 11/15/95
(Sign once if Firm Official & Operator)

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT



USE TYPEWRITER OR
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

N JB.

1. WELL OWNER

Name JUNE LYBARGER #4
Address 804 College Ave St. Maries Id.
Owner's Permit No. 91-81-N-4

7. WATER LEVEL

Static water level feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow
Artesian closed-in pressure p.s.i.
Controlled by: ☐ Valve ☒ Cap ☐ Plug
Temperature 60°F. Quality Excellent

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>10</u>	<u>—</u>	<u>1/2 hr.</u>

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other (specify type)

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>15</u>	<u>Black Clay</u>		<u>X</u>
	<u>15</u>	<u>59</u>	<u>BESAIT</u>		<u>X</u>
<u>6</u>	<u>59</u>	<u>200</u>	<u>BESAIT</u>		

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>59</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name

Type Model No.

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 20 Material used in seal: ☐ Cement grout

☒ Puddling clay ☒ Well cuttings

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strata

Describe access port

RECEIVED

RECEIVED NOV 23 1981

NOV 30 1981 Department of Water Resources

Department of Water Resources

10.

cb dl

* Signature of Principal Driller and rig operator are required.

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

6

Office Use Only

Well ID No. _____

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____ 1/4

Lat: : : Long: : :

1. WELL TAG NO. D 0033748 RECEIVED
 DRILLING PERMIT NO. 815279
 Water Right or Injection Well No. JUL 02 2004

2. OWNER: James Whipple IDWR/North
Name _____
Address P.O. Box 1000
City S. Plymouth State NY Zip 13844

3. LOCATION OF WELL by legal description:

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

Twp. 47 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 34 1/4 S/4 1/4 S/E 1/4
Gov't Lot _____
County Knox

Lat: : : Long: : :
Address of Well Site Indian Mt @ Holiday acres
City Harrison
(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
Bentonite	0	20	10 Sds	Pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58
Was drive shoe seal tested? ☒ Y ☐ N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	42	-58	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5	0	-147	.250	Steel	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

200 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 250 ft. Describe access port or control devices: cap

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30 cpm			2 hr.

Water Temp. 56.5 Bottom hole temp. _____

Water Quality test or comments: *clear no odor*

Depth first Water Encounter 26

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth 325 (Measurable)

Date: Started 5-17- Completed 6-1-04

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 All-ways Drilling Inc Firm No. 570

Principal Driller Slavko K Wolf Date 6/27/64

and

Operator I _____ Date _____

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

47 N 3W 34

FORWARD WHITE COPY TO WATER RESOURCES