

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat: : : Long: : :

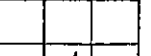
1. WELL TAG NO. D 0017623
 DRILLING PERMIT NO.
 Other IDWR No.

2. OWNER:

Name William O. White
Address 11510 E. Nunn Road
City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 53 North ☒ or South ☐
 Rge. 2 East ☐ or West ☒
 Sec. 31 1/4 SW 1/4 NE 1/4
 Gov't Lot _____ County Kootenai
 Lat: : : Long: : :
 Address of Well Site 11510 E. Nunn Rd.
 City _____

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 FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	7 sacks	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 36'

Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	36	250	Steel	☒	☐	☐	☐
4"	10	130	160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations	Method	saw cut 1/8"x6"
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Screens	Screen Type
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From	To	Slot Size	Number	Diameter	Material	Casing	Lines
110	130		45		PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal /min.	Drawdown	Pumping Level	Time
7-8 gpm			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 46'

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

[illegible]

Completed	Depth	130'	(Measurable)
Date: Started	08/03/01	Completed	08/05/01

13. DRILLER'S CERTIFICATION

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

Company Name McCarty Drilling & Pump Inc Firm No. 586

Firm Official Burt M. Caff Date 8-10-01
and

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)