

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. D0035263

DRILLING PERMIT N 823837

Other IDWR No _____

2. OWNER:

Name Sam and Beth Scheu

Address 9065 East Parks Road

City Athol

State ID _____

Zip 83801

3. LOCATION OF WELL by legal description:

N			
		X	
W			E
S			

Twp 53N North ☒ or South _____
Rge 03W East _____ or West ☒
Sec 23 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County Kootenai
Lat _____ Long _____

Address of Well Site: (see next line)

City Athol

9065 East Parks Road

Lot _____ Blk _____ Sub. Name (see next line)

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/Lbs	
Bentonite Grans	0	18	9 sacks	Pour In

Drive Shoe Used? ☐ Y ☒ N Shoe Depth(s) _____Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6	2	163	0.250	Steel	☒	☐	☒	☐
4	140	380	0.160	PVC	☐	☒	☒	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method Drill☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
320	380	3/8	200	4	PVC	☐	☒

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

230 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 350 ft. Describe access port or

control devices: Steel Cap Welded

11. WELL TESTS

Pum ☐ Bailer ☐ ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
18	100%	379	1 Hour

Water Temp. _____ Cold _____ Bottom hole temp. _____ Cold _____

Water Quality test or comments: (below) Depth first Water Encountered 350

Slight Color, No Smell, Cold

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	1	Topsoil	☐	☒
8	1	148	Sand and Gravel 3/4 Minus	☐	☒
8	148	150	Decomposed Granite Broken White/Black	☐	☒
8	150	163	Granite: Blk, White, Green, Peach Hard	☐	☒
6	163	350	Granite: Blk, White, Green, Peach Hard	☐	☒
6	350	355	Granite: Broken (18GPM)	☒	☐
6	355	380	Granite: Hard	☐	☒

Completed Dept 380 (Measurable)
Date: Started 8/23/2004 Complete 8/24/2004

13. DRILLERS CERTIFICATION

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

Firm Name United Drilling Inc. Firm N 414
Firm Official *Jason C. Beckham* Date 8/27/2004
and
Supervisor or Operator Jason C. Beckham Date 8/27/2004

53N 3W 23