Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No.
Inspected by
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D 0046320
DRILLING PERMIT NO. 843914
Water Right or Injection Well No.

2. OWNER:
Name Steve Wilson
Address P.O. Box 913
City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 53 North X or South
Rge. 4 East or West X
Sec. 2 ____ 1/4 NE 1/4 SE 1/4
Gov't Lot ____ County Kootenai
Lat: : : Long: : :
Address of Well Site 33329 Riffle Rd.
(Give at least name of road + Distance to Road or Landmark) City Athol
Lt. ____ Blk. ____ Sub. Name

4. USE:
X Domestic Municipal Monitor Irrigation
Thermal Injection Other

5. TYPE OF WORK check all that apply (Replacement etc.)
X New Well Modify Abandonment Other

6. DRILL METHOD:
X Air Rotary Cable Mud Rotary Other

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite Granular	0	18	25 Bags	Dry Pour

Was drive shoe used? X Y N Shoe Depth(s) Ring Bit 561
Was drive shoe seal tested? Y X N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	561	.25	Steel	X		X	

Length of Headpipe ____ Length of Tailpipe ____
Packer Y N Type

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method Air Perforator
Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
540	560	1x1/4	200	6	Steel	X	

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
470 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 470 ft. Describe access port or control devices:
Steel cap welded

53N 4W 2 NE SE

12. WELL TESTS:
Pump Bailer X Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20±	100%	555	2 hour

Water Temp. Cold Bottom hole temp. Cold
Water Quality test or comments: Clear, cold, no smell
Depth first Water Encounter 470

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	1	Top soil		X
8	1	48	Sand & gravel 3/4 minus		X
8	48	290	Sand & gravel fine		X
8	290	360	Sand & gravel 1/2 minus		X
8	360	481	Sand & gravel fine with silt		X
8	480	510	Sand & gravel 1/4 minus	X	
8	510	530	Sand & gravel 1/2 minus	X	
8	530	561	Sand & gravel 1" minus	X	

RECEIVED
DEC 22 2006
IDWR/North

Completed Depth 561 ft (Measurable)
Date: Started 11-17-06 Completed 11-22-06

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 United Pump & Drilling Firm No. 636
Principal Driller Jason Beckham Date 11-22-06
and
Driller or Operator II ____ Date ____
Operator I ____ Date 11-27-06
Principal Driller and Rig Operator *Required.*
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES