

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

1. WELL TAG NO. 0017625
 DRILLING PERMIT NO.
 Other LWR No. 770615

2. OWNER:
Name Tim Wiemers
Address 823 Post Street
City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 52N North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 29 NW 1/4 SW 1/4 NE 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____ County Kootenai
 Lat: _____ : _____ : _____ Long: _____ : _____ : _____
 Address of Well Site Krieg & Trails
End Road City Bathrum

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	30	4 sack	overbore

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
6"	2	283	250	Steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

235 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
50+			4 hrs.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

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

[illegible]

Completed Depth 283' (Measurable)
Date: Started 08/20/01 Completed 08/23/01

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 [Signature] Date 9-7-01

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)