

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0035318
DRILLING PERMIT NO. 824765
Water Right or Injection Well No. _____2. OWNER:
Name Janice McDonald
Address P.O. Box 2782
City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

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

Twp. 49 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 31 1/4 SE 1/4 SE 1/4Gov't Lot _____ County Kootenai

Lat: _____ Long: _____

Address of Well Site Belgrove Rd
City Rockford Bay(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	18	150lbs	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18 1/2Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	18 1/2	250	steel	☒	☐	☒	☐
4	-4	454	160	pvc	☐	☒	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method drill
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
414	454	1/4	200	4	pvc	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

49N 4W 31

Office Use Only

Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
Approx 75		440-454	2hr

Water Temp. cold Bottom hole temp. _____Water Quality test or comments: clearDepth first Water Encounter 120

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
				Y N
8	0	6	brown clay	
	6	18 1/2	salt&pepper granite	
6	18 1/2	40	firm salt&pepper granite	
	40	41	decomposed granite	
	41	90	firm salt&pepper granite	
	90	120	softer salt&pepper granite	
	120	123	decomposed granite (1 1/2 gpm)	x
	123	225	firm salt&pepper granite	
	225	240	softer salt&pepper	
	240	330	firm salt&pepper	
	330	340	soft salt&pepper, some green (1/2 gpm)	x
	340	390	firm salt&pepper granite	
	390	391	soft salt&pepper granite	
	391	410	firm salt&pepper granite	
	410	449	soft salt&pepper green granite	
	449	454	firm salt&pepper granite	x

RECEIVED
OCT 15 2004
IDWR/NorthCompleted Depth 454ft (Measurable)Date: Started 9/22 Completed 9/24/04

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 Bronson Water Wells Firm No. 360Principal Driller Clark Bronson Date 10/4/04

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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