

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0046319
 DRILLING PERMIT NO. 843 890
 Water Right or Injection Well No. _____

2. OWNER:

Name Ed Corbin
Address 17270 N. Atlas Rd.
City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description:

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

Twp. 52 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 27 NW 1/4 SW 1/4 1/4
Gov't Lot _____
County Kootenai

Lat: : : Long: : : :
Address of Well Site 17270 N. Atlas Rd.

City Bathdrum

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK check all that apply

☒ 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 Granular	0	18	12 Bags	Dry Pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring Bit 302'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	2	302	.25	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

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
280	300	1/4	200	5	Steel	☒	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

245 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 245 ft. Describe access port or control devices: _____
Steel Cap Welded

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20+	100%	300	2 Hours

Water Temp. Cold Bottom hole temp Cold

Water Quality test or comments: Clear, Cold, No Smell

Depth first Water Encounter 245

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

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 11-15- 06

Driller or Operator If _____ Date _____

Operator I John C. Brown Date 11-16-06
Principal Driller and Rig Operator Required
Operator I must have signature of Driller/Operator II. **BANNED**

FORWARD WHITE COPY TO WATER RESOURCES

95-13184

AUG - 7 2009