

Form 234-7
1997-4-2

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0022807
 DRILLING PERMIT NO. _____
 Other IDWR No. _____

2. OWNER:

Name Steven Webb
Address 6715 S Regal
City Spokane State WA Zip 99223

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 51 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 15 _____ 1/4 NW 1/4 NW 1/4
 Gov't Lot _____ to _____
 County Kootenai
 Lat. _____ Long. _____
 Address of Well Site 7329 E Ripple Rd
City Hayden Lake
 (Give all main runs of road - Distance to Well or Landmark)

Lt. _____ Bk. _____ Sub. _____ Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

8. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Feet	
bentonite	0	18	6 1/2 bags	overbore

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

8. CASING/LINER:

Diameter	Flam	Ta	Gauge	Material	Casing	Line	Welded	Threaded
6	+1 1/2	233 1/2	250	steel	☒	☐	☒	☐
4	-208	508	160	pvc	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method SAW

Solvent	Screen Type
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From	To	Min Size	Number	Diameter	Material	Casing	Line
448	488	1/8x5	36			☐	26
						☐	
						☐	
						☐	

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Boiler ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
3		500	2hr

Water Temp. cold Bottom hole temp.

Water Quality test or comments: clear

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

UWe certify that all minimum wall construction standards were complied with at the time the rig was removed.

Company Name **Bronson Water Wells** Form No. **360**

Firm Official 1/1/13 Date 10/15/02

Driller or Operator _____ Date _____

(Sign over I Form Control & Operator)

FORWARD WHITE COPY TO WATER RESOURCES