



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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Department of Water Resources
Use Typewriter
or
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1. DRILLING PERMIT NO. 96-94-N-24 - 000
Other IDWR No. _____

2. OWNER:

Name RICH BURDETTE
Address 4548 WILDLIFE TRAIL
City HAYDEN State ID Zip 83835

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 53N North ☒ or South ☐
Rge. 2W East ☐ or West ☒
Sec. 32 NE 1/4 NW 1/4 NE 1/4
Gov't Lot _____ County **KOOTENAI**

Address of Well Site END OF BUNCO RD.
City HAYDEN

Lt. _____ Bk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☒ Mud Rotary ☐ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	55	7	OVERBORE

Was drive shoe used? Y ☐ N ☒

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+5	55	.250	STEEL	☒	☐	☒	☐
4"	4	360	160	PSI PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method DRILL
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Line
300	360			3/8"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

NENWNE 32 53N 2W

11. WELL TESTS:

☐ Pump ☐ Sailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
B ₂ EST.	N/A	360'	1 HR

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: CLEAR

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name UNITED DRILLING INC. Firm No. 414

Firm Official Sam R. Vally, VP Date 3-3-94

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES