

1. DRILLING PERMIT NO. 95 - 94 - N-0264 - 000
Other IDWR No. _____

2. OWNER:

Name Mark Rau
Address W 2100 Prairie Ave
City Coeurd'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 52 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 22 $\frac{1}{4}$ SE $\frac{1}{4}$ SE $\frac{1}{4}$
Gov't Lot _____ County Kootenai

Address of Well Site Atlas Rd
City _____

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ 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	18	7	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	11 $\frac{1}{2}$	30 $\frac{1}{2}$	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:

_____ 251 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: C&D

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10		300	2hr

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 303 (Measurable)
Date: Started 12-2-94 Completed 12-9-94

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 Bronson Water Wells Firm No. 360

Firm Official AD Berman Date 12-13-94
and _____

Supervisor or Operator Clint Pearson Date _____

(Sign once if Firm Official & Operator)