

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0053962

DRILLING PERMIT NO. _____

Water Right or Injection Well No. _____

2. OWNER:

Name George Forsberg
 Address 7217 W Independence Ln
 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. 53 North ☒ or South _____
 Rge. 4 East _____ or West ☒
 Sec. 31 1/4 NE 1/4 NW 1/4
 Gov't Lot _____ County Kootenai

Lat: _____ Long: _____
 Address of Well Site 7217 W Independence Ln
 City Rathdrum

Li. _____ 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 _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>bentonite</u>	<u>0</u>	<u>18</u>	<u>850lbs</u>	<u>overbore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 593 1/2

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1 1/2</u>	<u>593 1/2</u>	<u>250</u>	<u>steel</u>	☒	☐	☒	☐
<u>5</u>	<u>-511</u>	<u>656</u>	<u>188</u>	<u>steel</u>	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method torch

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>611</u>	<u>651</u>	<u>1/8x5</u>	<u>144</u>		<u>steel</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

385 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

cap

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>		<u>500-720</u>	<u>2hr</u>

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 565

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>71</u>	<u>sand&gravel</u>		
	<u>71</u>	<u>127</u>	<u>sand some gravel</u>		
	<u>127</u>	<u>142</u>	<u>sand&gravel</u>		
	<u>142</u>	<u>248</u>	<u>sand some seam of gravel</u>		
	<u>248</u>	<u>253</u>	<u>boulder</u>		
	<u>253</u>	<u>257</u>	<u>sand&gravel</u>		
<u>6</u>	<u>257</u>	<u>297</u>	<u>dark brown clay</u>		
	<u>297</u>	<u>310</u>	<u>tan clay</u>		
	<u>310</u>	<u>340</u>	<u>tan clay some small seams of gray clay</u>		
	<u>340</u>	<u>350</u>	<u>tan clay</u>		
	<u>350</u>	<u>563</u>	<u>tan clay&seams of decomposed granite sand</u>		
	<u>563</u>	<u>568</u>	<u>cemented sand 3 1/2 gpm</u>	☒	
	<u>568</u>	<u>580</u>	<u>tan clay&seams of gray clay</u>		
	<u>580</u>	<u>620</u>	<u>decomposed granite sand & brown clay</u>		
	<u>620</u>	<u>638</u>	<u>decomposed granite</u>	☒	
	<u>638</u>	<u>720</u>	<u>salt&pepper granite with soft broken spots thru-out</u>	☒	

Completed Depth 657 (Measurable)

Date: Started 9-5-07 Completed 10-15-07

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. 360

Principal Driller Clint Bronson Date 10/17/07

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES