

**IDAHO DEPARTMENT OF WATER RESOURCES**
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

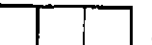
1. DRILLING PERMIT NO. 95 - 94 - N - 180 - 000
Other IDWR No. _____

2. OWNER:
Name Mark Boss

Address P.O.Box 507 1212 B Street
City Coeur d'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. 10 1/4 NW 1/4 SE 1/4
 Gov't Lot 10 ^{10 acres} County Kootenai ^{160 acres}

Address of Well Site **Scarcello Rd**

(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~~X~~ N ☐

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	258	250		☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe $3\frac{1}{2}$ ft - 5"

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Screen Type Cook stainless

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
360	365	50		5		☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

315 ft. below ground Artesian pressure lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10-15		360-365	7½ hr

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment) W#

[illegible]

Completed Depth 365 (Measurab
Date: Started 8-17-94 Completed 8-23-94

13. DRILLER'S CERTIFICATION

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

Firm Name Bronson Water Wells Firm No 360

Firm Official H.D. Brown Date 8-27, 94

and

Supervisor or Operator Clint Brown Date _____

