

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____ 1/4

Lat: : : Long: : :

1. DRILLING PERMIT NO. 839718
Other IDWR No. D 0041451

2. OWNER:

Name Stephanie Blalack
Address 62 Bauman Avenue
City Kingston State ID Zip 83839

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location

W  E

Twp. 49 North ☒ or South ☐
 Rge. 1 East ☐ or West ☒
 Sec. 34 SW 1/4 10 acres NE 1/4 40 acres SW 1/4 160 acres

S _____ Gov't lot _____ County Kootenai
 Lat: 47:32:858 Long: 116:26:540
 Address of Well Site 25679 E. Meadow Road
 City Cataldo
 (Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	20	350#	dry granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 96'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	96	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:

62' ft. below ground
Depth flow encountered _____ ft.
devices:

Artesian Pressure _____ lb
Describe access port or control

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
10 gpm			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: Cold and Clear

Depth first Water Encountered 90'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth: 96 (Measurable)
Date: Started 05/16/06 Completed 05/16/06

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 McCarty Drilling & Pump Inc Firm No. 586

Firm Official [Signature] Date 5-19-06

Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

Date: 5/18/2006 Time:8:18:13 AM

49N 1W 34

Idaho Department of Water Resources

Listing of Driller Reports

Contact	Use	TWP	RNG	SEC	Tract	Gov. Lot	WellAddress	Sub	Bl	L	Gallons Per Minute	Static Water Level	Total Depth	Casing Depth	CSG. DIA.	Construction Date	Permit Number	Tag Number
BLALACK, STEPHANIE	Domestic- Single Residence	49N	01W	34	NESE		25629 E MEADOW RD				10	62	96	96	6	5/16/2006	839718	D0041451
<u>Related Documents</u>																		