

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 35529
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name DEAN + JULIE HOEKEMA
Address PO BOX 62
City STARVA State WA Zip 98293

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 54 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 32 1/4 NN 1/4 NN 1/4
Gov't Lot _____ County BONNER
Lat: : : Long: : :
Address of Well Site 1957 HOMESTEAD
City ATHOL
(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 Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	25	350 lbs	TEMP 8"

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 247'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	246	20	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☒	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
NONE				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

279 ft. below ground Artesian pressure 0 lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

Office Use Only

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

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6	UNKNOWN	229	1HR

Water Temp. COLD Bottom hole temp. COLDWater Quality test or comments: NONEDepth first Water Encounter 22.9

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	1	TOP SOIL		
8	1	3	BOULDER		
8	3	25	LARGE GRAVEL 101' VISIT		
8	25	38	MED "		
8	38	62	LARGE "		
8	62	84	MED "		
8	84	88	BOULDERS		
8	88	131	LARGE GRAVEL NO COYINGS		
8	131	146	" " + CLAY		
8	146	225	MED " "		
8	225	229	SAND		
8	229	246	" " GRAVEL WATER	X	
8	246	256	CLAY		
			PULLED CASING		
			BACK FROM 254'		
			TO 246' + BAILED		
			FOR 1HR - 18'		
			OF WATER		

Completed Depth 246 (Measurable)Date: Started 11/10/04 Completed 1/31/05

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 BROADX WATER WELLS Firm No. 289Principal Driller Linden Condon Date 2/1/05

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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