

Form 2387 APR 27 2000
11/97

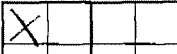
IDWR/North

Office Use Only
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 _____ 1/4 _____ 1/4 _____ 1/4
 Lat: : : Long: : :

1. WELL TAG NO. D 0010992
 DRILLING PERMIT NO. _____
 Other IDWR No. 7103935

Name Jim Viebrock
Address 13900 N Idaho Rd
City Rathdrum State ID Zip 83858

Sketch map location must agree with written location.


 Twp. 51 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 2 1/4 NW 1/4 NW 1/4
 Gov't Lot 10 acres County Kootenai 40 acres 160 acres
 Lat: : : Long: : :
 Address of Well Site same
 City

Lt. _____ Blk. _____ Sub. _____ Name _____

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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
bentointe	0	18	3	overbore

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

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	19	250	steel	☒	☐	☒	☐
4	-7	525	160	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Perforations Method saw
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
465	525	1/8	60		pvc	☐	☒
						☐	☐
						☐	☐

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

5/N 5W 2

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5.5		520	4hr

Water Temp. cold Bottom hole temp.

Water Quality test or comments: clear

Depth first Water Encounter 465

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

Completed Depth 525 ft (Measurable)
Date: Started 4/10/2000 Completed 4/12/2000

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

Firm Official A.D. Brewer Date 4/20/2000
and

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES