

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0040351
 DRILLING PERMIT NO. 834445
 Water Right or Injection Well No _____

2. OWNER:

Name Mike & Debra Mann
 Address P.O. Box 144
 City Spirit Lake State ID Zip 83869

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 5 East _____ or West ☒
 Sec 13 _____ 1/4 NW _____ 1/4 NW _____ 1/4
 Gov't Lot _____ County Bonner
 Lat: _____ Long: _____
 Address of Well Site P-20

City Blanchard

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
bentonite	0	25	250lbs	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 25ft

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	25	250	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

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

54N 5W 13

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min	Drawdown	Pumping Level	Time
<u>1/2</u>		<u>500-560</u>	<u>1hr</u>

Water Temp. cold

Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 295

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
				Y N
8	0	12	decomposed granite	
	12	18	firm salt&pepper granite	
	18	20	decomposed granite	
	20	25	firm salt&pepper granite	
6	25	44	firm salt&pepper granite	
	44	45	decomposed granite	
	45	126	firm salt&pepper granite	
	126	135	soft salt&pepper granite	
	135	285	firm salt&pepper some green granite	
	285	286	soft salt&pepper	
	286	295	firm salt&pepper	
	295	300	soft salt&pepper granite	x
	300	312	firm salt&pepper granite	
	312	320	soft salt&pepper granite	
	320	324	firm salt&pepper granite	
	324	540	softer salt&pepper granite	
	540	565	firm salt&pepper granite	

RECEIVED

SEP 07 2005

IDWR/North

Completed Depth 565ft (Measurable)

Date Started 6-30-05 Completed 7-1-05

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 Bronson Water Wells Firm No 360

Principal Driller Chint Bronson Date 7/18/05

and Driller or Operator II _____

Operator I _____

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

SCANNED

10 2014