

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0033318
 DRILLING PERMIT NO. 808111
 Water Right or Injection Well No. _____

2. OWNER:

Name Mel Ellis
Address N 4724 Karen
City Otis Orchards State WA Zip 99027

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. 22 1/4 NW 1/4 NW 1/4
Gov't Lot _____
County Bonner 10 acres 40 acres 160 acres
Lat. : : Long. : :
Address of Well Site Blanchard Cut-off Rd

City Blanchard
 (Give at least name of road ; Distance to Road or Landmark)
 Lt. 5 Blk. 1 Sub. Name Spirit Valley Farms

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	18	450lbs	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 158 ft
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	158	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:

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

54N 5W 22

FORWARD WHITE COPY TO WATER RESOURCES

Office Use Only

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

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60		155	1hr

Water Temp. cold Bottom hole temp.

Water Quality test or comments: clear

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 Clint Branson Date 10/30/03

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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