

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 0046369
 DRILLING PERMIT NO. 843593
 Water Right or Injection Well No. _____

2. OWNER:

Name Paul & Judy Wood
 Address 227 Lost in the Wooda Lane
 City Athol State ID Zip 83801

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. 33 1/4 NE 1/4 SW 1/4
 Gov't Lot _____ County Bonner
 Lat: _____ Long: _____
 Address of Well Site Dancing Lights Lane
 City Athol
 (Give at least name of road + Distance to Road or Landmark)
 Lt. 1 Blk. _____ Sub. Name Northern Sky

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	400lbs	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 394

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	394	250	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type k-packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation telescoping s/steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
394	399	30		5	s/steel	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
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11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

301 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

cap

54N 3W 33

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15		400	4 1/2 hr

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 301

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	18	sand&gravel			
6	18	220	sand&gravel some small boulders			
	220	305	sand&gravel some brown clay		x	
	305	320	silty sand&gravel, grey clay			
	320	360	grey clay			
	360	370	silty sand&grey clay		x	
	370	401	silty sand&gravel		x	

RECEIVED
NOV 30 2006
IDWR/North

SCANNED
JAN 28 2014

Completed Depth 401 (Measurable)

Date: Started 11-10-06 Completed 11-15-06

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 Bronson Date 11/16/06

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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