

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED
MAY 13 2003

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

1. WELL TAG NO. D 00033360
DRILLING PERMIT NO. 888.346
Water Right or Injection Well No. _____

2. OWNER:
Name FRANK A AND MARY GOONAN
Address 569 TWIN RIVERS RD
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. 23 5 1/2 NW 1/4 NW 1/4
Gov't Lot _____
County BONNER
Lat: _____ Long: _____
Address of Well Site 569 TWIN RIVERS RD
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	18	4 BAGS	TEMP 8"

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) NONE
Was drive shoe seal tested? ☒ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	19	350	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method NONE
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>NONE</u>							

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>NONE</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

33 ft. below ground Artesian pressure 0 lb.
Depth flow encountered 31 ft. Describe access port or control devices: _____

WELL CAP

12. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min.	Drawdown	Pumping Level	Time
<u>197 PER MIN</u>	<u>MAX</u>	<u>250</u>	<u>1/2 HR</u>

Water Temp. COLD Bottom hole temp. COLD

Water Quality test or comments: NONE

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	09	SANDY CLAY		X
9	12		COARSE SAND FINE GRAN		X
12	28		FIRM BIRKWHITE GRANITE		X
28	31		SOFT BRN " "	X	
31	70		FIRM " " " "		X
70	73		SOFT BRN " "	X	
73	147		FIRM BIRKWHITE " "		X
147	151		SOFT " " " "		X
151	252		FIRM " " " "		X

SCANNED
FEB 03 2014

Completed Depth 252 (Measurable)
Date: Started 10-29-03 Completed 11-3-03

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 BRAND X WATER WELLS Firm No. 189
Principal Driller London Gordon Date 11/10/03
and
Driller or Operator II SAME Date _____
Operator I _____ Date _____

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