

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0041187DRILLING PERMIT NO. 838590

Water Right or Injection Well No. _____

2. OWNER:

Name Douglas HuffmanAddress 415 Misty Meadow LaneCity 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. 25 SE 1/4 SW 1/4 NW 1/4
Gov't Lot _____
County Bonner

Lat: : : Long: : :

Address of Well Site 395 Misty Meadow LnCity 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	400lbs	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 359 1/2Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1 1/2	359 1/2	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:

320 ft. below ground Artesian pressure _____ lb.

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

cap54N 3W 25

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
6 1/2		600-620	1 1/2 hr

Water Temp. cold

Bottom hole temp. _____

Water Quality test or comments: clearDepth first Water Encounter 603

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	18	sand&gravel		
6	18	255	sand&gravel		
	255	341	silty brown clay		
	341	356	fine sand		
	356	359	cemented sand&gravel		
	359	603	firm salt&pepper granite		
	603	604	soft salt&pepper, some brown granite	x	
	604	620	firm salt&pepper granite		

RECEIVED

MAR 29 2006

IDWR/North

SCANNED

FEB 04 2014

Completed Depth 620ft (Measurable)Date: Started 2/23/06 Completed 3/1/06

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. 360Principal Driller Clint Bronson Date 3/2/06

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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