



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

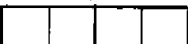
1. DRILLING PERMIT NO. 96 - 93 - N - 267 - 000
Other IDWR No. _____

2. OWNER:

Name William & Connie Collins
Address E 14015 Perimeter Rd
City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



T. 54 North ☒ or South ☐
 E. R. 2 East ☐ or West ☒
 Sec. 32, 1/4 SE 1/4 NE 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____ County Kootenai

Address of Well Site Collins Rd
(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	1	20	6	water mix

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

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
6	+1	58	250			☒	☐	☒	☐
4	-10	270	160		X	☐	☒	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 58

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SAW

☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tel./Pipe Size	Casting	Liners
250	270		30	4		☐	☒
						☐	☐
						☐	☐
						☐	☐

SE NE 32 54N 2W

10. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
18		270	3hr

Temperature of water _____ Was a water analysis done? Yes ☐ No ☒

By whom?

Water Quality (odor, etc.)

Bottom Hole Temperature

11. STATIC WATER LEVEL:

160 ft. below surface Depth artesian flow found

Artesian pressure lb. Describe access port

Describe Controlling Devices:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Bronson Water Wells Firm No. 360

Firm Official HDB Date 10-22-93

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES