



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 96-94-N-0438 -
Other IDWR No. _____

2. OWNER:

Name Rick Sedlacek
Address Box 236
City Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 53 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 3 $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$
10 acres 40 acres 160 acres
 Gov't Lot _____ County Kootenai

Address of Well Site Honey Suckle Rd
 City Athol

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. 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	0	100	12	surface pipe

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1 1/2	36 1 1/2	250		☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

_____ 300 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: cap _____

NE SE 3 53N 3W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20-25		363	2½ hr

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 363 (Measurable)
Date: Started 11-10-94 Completed 12-1-94

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 LD Benson Date 12-5-94
and

Supervisor or Operator Clint Benson Date _____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES