

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D 00013451

DRILLING PERMIT NO. _____ - _____ - _____ - _____

Other IDWR No. _____

2. OWNER:

Name Bruce + Shawn Edwards
Address P.O. Box 866
City Athol State Id Zip 83801

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 W E S
 Twp. 53 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 3 1/4 NE 1/4 SE 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____
 Address of Well Site 7945 E Tellum
 City Athol

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 *Dredge*

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Granular Bentonite	0	18	100#	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 380'
Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 7/8	+3	380	250	Steel	A	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method Machine Torch
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
353	370					X	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
40		360'	1 hr

Water Temp. N/A Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

[illegible]

13. DRILLER'S CERTIFICATION

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

Company Name AK Drilling Inc Firm No. 611

Firm Official _____ Date _____

and
Driller or Operator Loeta Hla Date 7-17-00

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES