

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

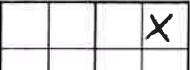
1. ~~WEB~~ TAG NO. D 0022059
 DRILLING PERMIT 772674
 Other ID No. 00000000

2. OWNER:

Name Dan & Shirley Thompson
Address P.O.Box 62
City Priest River State ID Zip 83856

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N

 W E
 S
 Twp. 57 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 24 1/4 NE 1/4 NE 1/4
10 acres 40 acres 160 acres
 Gov't Lot County Bonner
 Lat: : : Long: : :
 Address of Well Site Peterson Loop Rd
Priest River
 City

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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
bentonite	0	18	7	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	+2	308	250	steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method telescoping
Screens Screen Type stainless steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
310	320	20		5		☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

57N 5W 24

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15+		315	3hr

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 285

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

[illegible]

Completed Depth 320ft (Measurable)
Date: Started 12-28 Completed: 1-5-02

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 Bronson Water Wells Firm No. 360

Firm Official Clint Bronson Date 1/21/02

and MAY 2

Driller or Operator Date MAY 3

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES