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NORTHERN REGION
IDWR

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

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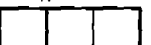
1. DRILLING PERMIT NO. 97-95-N-0051 -
Other IDWR No. _____

2. OWNER:

Name T. Sue Alton
Address P.O. Box 1854
City Priest River State ID Zip 83856

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 57 North ☒ or South ☐
 Rge. 04 East ☐ or West ☒
 Sec. 29 $\frac{1}{4}$ NW $\frac{1}{4}$ NW $\frac{1}{4}$
 Gov't Lot _____ County Bonner

Address of Well Site Peninsula Loop
Road City Priest River
(Give at least name of road + Distance to Road or Landmark)

Lt. 01 Blk. 01 Sub. Name Kemp Subdivision

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	19	4sacks	Overbore

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	280	250	steel	~~xx~~	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

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:

_____ 1.30 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ 490 _____ ft. Describe access port or
 control devices: _____

all devices: NW NW 29 57N 4W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6+gpm		600'	1 hr.

Water Temp. 49F Bottom hole temp.

Water Quality test or comments: clear

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 600' (Measurable)
Date: Started 8/14/95 Completed 8/16/95

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 Intermountain Drilling Firm No. 513

Firm Official [Signature] Date 8/21/95

Supervisor or Operator same Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES