

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.



1. WELL OWNER

Name Robert Newman

Address Box 1224 - Brant River

Owner's Permit No. 92-79-N-30

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other (specify type)

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness 250 inches Diameter 6 inches From 1 feet 13 To 13 feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number _____ From _____ To _____

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed? ☒ Yes ☐ No

Manufacturer's name Johnson

Type Stainless Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter 5 Slot size 40 Set from 13 feet to 18 feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 18 + Material used in seal: ☐ Cement grout

Bentonite ☒ Pudding clay ☐ Well cuttings

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

☐ Cemented between strata

Describe access port

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

X

Subdivision Name _____

Lot No. _____ Block No. _____

County Bonner

SE 1/4 SE 1/4 Sec. 8 T. 58N N/S, R. 4 W.

7. WATER LEVEL

Static water level 0 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ °F. Quality _____

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Air ☐ Other

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>40</u>	<u>30' DRAW DOWN</u>	

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	0	2	Brn Clay		☒
	2	15	Clay Intertilled Rock.		☒
	15	60	Brown clay		☒
	60	70	Quartz sand		☒
	70	75	Brown clay		☒
75	80	Coarse sand & gravel		☒	

10.

Work started 5-31-79 finished 5-31-79

11. DRILLERS CERTIFICATION

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

Intermountain Drilling

Firm Name _____ Firm No. 252

Address Box 312 Date 6-28-79

Signed by (Firm Official) Norman D. Acappella

and

(Operator) Norman D. Acappella

USE ADDITIONAL SHEETS IF NECESSARY -- FORWARD THE WHITE COPY TO THE DEPARTMENT