

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. **WELL TAG NO. D** 0055571
DRILLING PERMIT NO. 852628
Water Right or Injection Well No. _____

2. **OWNER:**
Name Alan Drager
Address 1030 60th St NE
City Lake Stevens **State** W **Zip** 98258

3. **LOCATION OF WELL by legal description:**

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 56N North ☒ or South ☐
Rge. 5W East ☐ or West ☐
Sec. 18 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County Bonner

Lat: _____ **Long:** _____
Address of Well Site Freeman Lake RD 25 miles on left
City Olton

(Give at least name of road + Distance to Road or Landmark)
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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	450 lbs	TCM CASING

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	198'	250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type K

9. **PERFORATIONS/SCREENS PACKER TYPE**

Perforation Method Factory
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
198	203	10	304	6"	SS	☐	☐

10. **FILTER PACK**

Filter Material	From	To	Weight / Volume	Placement Method
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11. **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

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

56N 05W 18

12. **WELL TESTS:**

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10+	10'	170'	1 hr

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 188

13. **LITHOLOGIC LOG: (Describe repairs or abandonment)**

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
6	+1	2	TOP SOIL		☒
6	2	44	GRAVEL + SAND		☒
6	44	115	SAND 30ths		☒
6	115	140	RED GRAVEL		☒
6	140	188	SAND 20ths		☒
6	188	203	FINE SAND 10ths		☒

RECEIVED

AUG 22 2008

IDWR/North

RECEIVED

AUG 29 2008

IDWR/North

Completed Depth 203 (Measurable)

Date: Started 8/5/08 Completed 8/10/08

14. **DRILLER'S CERTIFICATION**

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

Company Name Croft Pitts & Sons Firm No. 1168

Principal Driller Steve Pitts Date 8/15/08

Driller or Operator II John Pitts Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES