

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 0044804
DRILLING PERMIT NO. 839805
Water Right or Injection Well No. _____

2. OWNER:
Name Nat Louick
Address P.O. Box 392
City Coolin State ID Zip 83821

3. LOCATION OF WELL by legal description:

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

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10 1/4 SE 1/4 NW 1/4
Gov't Lot _____
County Donner
Lat: _____ Long: _____
Address of Well Site Scraper Rd.
City Coolin

(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	300 lbs	Templacing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 95

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
60	+1	95	20	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Factory Screens

Screen Type & Method of Installation Alloy - pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
95	100	6	304	6"	SS	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10	10'	90'	1 hr

Water Temp. Cold Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	18	Sand, gravel			
6	18	30	Sand			
	30	70	Sand			
	70	90	Fine Sand 80' itzo			
	90	100	Fine Sand			

RECEIVED

JUL 07 2006

IDWR/North

Completed Depth 100' (Measurable)

Date: Started 5-18-04 Completed 5-20-06

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 Camp/Long/Stone Firm No. 168

Principal Driller Steve Kelly Date 4/1/06

Driller or Operator II John E. Lutz Date _____

Operator I _____ Date _____

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

59N 4W 10

FORWARD WHITE COPY TO WATER RESOURCES

Identify

Identify from: Tax Parcels

[-] Tax Parcels

LOUIK, NATHANIEL B & BRANDEE L

Location: 2,289,596.044 1,923,621.026 Meters

Field	Value
ID	15706646
UPDATED	6/17/2023
PIN	RP00071007011AA
OWNER	LOUIK, NATHANIEL B & BRANDEE L
ADDRESS1	4408 S PARK LN
ADDRESS2	
CITY	SPOKANE
STATE	WA
ZIPCODE	99223
P_ADDRESS	209 MISSOURI ST
P_ZIPCODE	83821
SUB_NAME	COOLIN ORIGINAL
LEGAL1	10-59N-4W COOLIN ORIG BLK 7 LOTS 11 & 12
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	0.3
COUNTY	Bonner
SOURCE	<null>
YEAR_BUILT	2007
ParcelCount	1
SHAPE	Polygon

Identified 1 feature