

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 D0020947

DRILLING PERMIT NO.

Water Right or Injection Well No

2. OWNER:

Name Timothy Haake

Address 1301 K Street Suite 900E

City State Zip Washington, DC 20005

3. LOCATION OF WELL by legal description

Township 17N

Range 25E

Section 4

1/4 SW 1/4 SE 1/4

Gov't Lot

County LEMHI

Latitude 444938

Longitude -1132904

Address of Well Site 1301 K Street Suite 900E Lemhi, ID 83465

Peterson Creek

Lot Block Subdivision

4. USE

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK Check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURE

Seal Material	From	To	Weight/Volume	Seal placement method
Bentonite dry granular	0	22	Sacks	Overbore

Was drive Shoe used ☒ Y ☐ N Shoe Depth(s) 100Was drive shoe tested ☐ Y ☒ N How?

8. CASING/LINER

Diameter	From	To	Gauge	Material	Casing Liner	Welded Threaded
6	0	100	0.25	Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Length of headpipe

Length of tailpipe

Packer ☐ Y ☒ N

Type

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation method

Screen Type & Method of Installation

From	To	Slot Size	Number	Diam	Material	Casing	Liner

10. FILTER PACK

Filter Material	From	To	Weight/Vol	Placement Method

11. STATIC WATER LEVEL

35 ft. below land surface. Artesian pressure lb.

Depth flow encountered

Ft. Describe access port or control devices:
sanitary well seal

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
22		104	2

Water temp cold

Bottom hole temp cold

Water Quality test or comments clear

Depth First Water Encountered 45

13. LITHOLOGIC LOG (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	2	Topsoil	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	2	14	Rock W/Clay Brown	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	14	22	Boulders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	22	38	Rock W/Clay Brown	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	38	45	Rock Broken Tan	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	45	56	Rock Broken Gray	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	56	67	Clay Brown	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	67	80	Clay Gray	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	80	92	Glacial Till Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	92	104	Rock Broken Tan	<input type="checkbox"/>	<input checked="" type="checkbox"/>

SCANNED

RECEIVED

NOV 27 2006

NOV 21 2006

Department of Water Resources
Eastern RegionRECEIVED
DEC 04 2006

Department of Water Resource

Completed Depth 104

Date started 11/7/2006

Completed 11/8/2006

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 Harbor Drilling, Inc.

Firm No. 0430

Principal Driller

Alan Harper

Date 11/10/2006

and

Driller or Operator II

Rhett Harbor

Date 11-12-06

Operator I

Date

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