

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

787377
Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D D0025587
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER: Robert & Judith Peters
Name _____
Address 1080 Rock Creek Rd
City Waysen State ID Zip 83872

3. LOCATION OF WELL by legal description:

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

Twp. 11 North ☒ or South ☐
Rge. 6 East ☐ or West ☒
Sec. 10 1/4 _____
Gov't Lot _____ County Washington
Lat: _____ Long: _____
Address of Well Site 8 mile north of Hot Springs
Rd on Rock Creek City Waysen
(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
<u>Bentonite</u>	<u>4</u>	<u>70</u>	<u>1600 lb</u>	<u>pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 219
Was drive shoe seal tested? ☒ Y ☐ N How? visual

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>1</u>	<u>219</u>	<u>28</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

8 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
<u>17</u>	<u>N/A</u>	<u>215</u>	<u>3 hrs</u>

Water Temp. 67 Bottom hole temp. 67

Water Quality test or comments: IRON - SULFUR

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12</u>	<u>0</u>	<u>4</u>	<u>Soil & Clay</u>		<input checked="" type="checkbox"/>
<u>12</u>	<u>4</u>	<u>6</u>	<u>Scmp Loose Gravel</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>6</u>	<u>17.5</u>	<u>cemented gravel & clay</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>17.5</u>	<u>24</u>	<u>Hard Rock</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>24</u>	<u>39</u>	<u>gray blue clay</u>		<input checked="" type="checkbox"/>
<u>9</u>	<u>39</u>	<u>63</u>	<u>clay</u>		<input checked="" type="checkbox"/>
<u>9</u>	<u>63</u>	<u>64</u>	<u>Gravel? on shale?</u>		<input checked="" type="checkbox"/>
<u>9</u>	<u>64</u>	<u>187</u>	<u>clay</u>		<input checked="" type="checkbox"/>
<u>9</u>	<u>187</u>	<u>188</u>	<u>shale</u>		<input checked="" type="checkbox"/>
<u>9</u>	<u>188</u>	<u>217</u>	<u>clay</u>		<input checked="" type="checkbox"/>
<u>2</u>	<u>217</u>	<u>219</u>	<u>clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>219</u>	<u>225</u>	<u>clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>225</u>	<u>226</u>	<u>shale</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>226</u>	<u>240</u>	<u>clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>240</u>	<u>241</u>	<u>shale</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>241</u>	<u>247</u>	<u>clay</u>		<input checked="" type="checkbox"/>

RECEIVED

OCT 15 2002

WATER RESOURCES
WESTERN REGION

Completed Depth 247 (Measurable)

Date: Started 10-1-02 Completed 10-4-02

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 Rob Dawson, Inc Firm No. 589

Principal Driller Rob Dawson Date 10-7-02

and Driller or Operator II _____ Date 10-7-02

Operator I _____ Date _____

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