

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0066985

Drilling Permit No. _____
Water right or injection well # _____

2. OWNER:

Name Kirk & Gloria Eberhard
Address PO Box 251
City Carmen State ID Zip 83462

3. WELL LOCATION:

Twp. 22 North ☒ or South ☐ Rge. 22 East ☒ or West ☐
Sec. 8 1/4 SW 1/4 SE 1/4

Gov't Lot _____ County Lemhi
Lat. 45 ° 14.649 (Deg. and Decimal minutes)
Long. 113 ° 52.910 (Deg. and Decimal minutes)
Address of Well Site 7 Austin Rd

City Carmen
(Give at least name of road + Distance to Road or Landmark)
Lot. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☐ New well ☒ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	38	32 bags	Poured

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	160	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 160'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Holte

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
95	150	1x1/8	4 rows			

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 60' Static water level (ft) 60"

Water temp. (°F) cold Bottom hole temp. (°F) _____

Describe access port WELL CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
N/A		

Test method:

Pump	Bailer	Air	Flowing artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Sore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	0	1	TOPSOIL		X
	1	8	BOULDERS		X
	8	12	TAN ROCK		X
	12	38	GRAY & BROWN CLAY		X
6	38	55	GRAY CLAY & SANDSTONE		X
	55	60	GRAY CLAY & SANDSTONE	X	
	60	68	SANDSTONE		X
	68	81	SILTY CLAY & SANDSTONE	X	
	81	90	GRAY CLAY & BLACK ROCK		X
	90	95	SANDSTONE	X	
	95	120	GRAY CLAY, BLACK ROCK & SANDSTONE		X
	120	125	SANDSTONE		X
	125	135	GRAY CLAY, SANDSTONE & BLACK ROCK		X
	135	138	SILTSTONE		X
	138	140	SANDSTONE - 10 GPM	X	
	140	153	BLACK/BROWN CLAY, SANDSTONE		X
	153	155	SANDSTONE		X
	155	160	SILTSTONE		X

RECEIVED

JUN 05 2015

Department of Water Resources
Eastern Region

Completed Depth (Measurable): 160'

Date Started: 4/19/15

Date Completed: 4/21/15

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 Eising Drilling & Pump Co Inc Co. No. 669

*Principal Driller [Signature] Date 5/21/15

*Driller [Signature] Date 5/21/15

*Operator II [Signature] Date 5/21/15

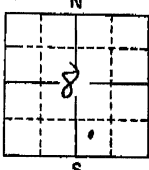
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

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.

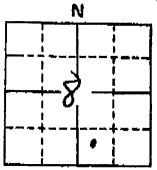
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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

STATE OF IDAHO
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1. WELL OWNER Name <u>KIRK EBERHARD</u> Address <u>RT 1, Box 240 WEISER, ID 83672</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>10</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature <u>50</u> °F. Quality <u>GOOD</u> Describe artesian or temperature zones below.																																																																																																																																															
2. NATURE OF WORK <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA <input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____																																																																																																																																															
3. PROPOSED USE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input type="checkbox"/> Other _____ (specify type)		9. LITHOLOGIC LOG <u>87967</u>																																																																																																																																															
4. METHOD DRILLED <input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____		<table border="1"><thead><tr><th rowspan="2">Bore Diagn.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>0</td><td>0</td><td>8</td><td>POULDERS</td><td></td><td>X</td></tr><tr><td>8</td><td>18</td><td></td><td>TAN CONGLOMERATE</td><td>X</td><td></td></tr><tr><td>18</td><td>45</td><td></td><td>GREY CLAY</td><td></td><td>X</td></tr><tr><td>45</td><td>48</td><td></td><td>DARK BROWN HARD</td><td></td><td>X</td></tr><tr><td>48</td><td>52</td><td></td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>52</td><td>65</td><td></td><td>GREY CLAY</td><td></td><td>X</td></tr><tr><td>65</td><td>75</td><td></td><td>BROWN "</td><td></td><td>X</td></tr><tr><td>75</td><td>84</td><td></td><td>GREY CLAY</td><td></td><td>X</td></tr><tr><td>84</td><td>85</td><td></td><td>DARK BROWN HARD</td><td></td><td>X</td></tr><tr><td>85</td><td>94</td><td></td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>94</td><td>97</td><td></td><td>GREY "</td><td></td><td>X</td></tr><tr><td>97</td><td>100</td><td></td><td>BROWN "</td><td></td><td>X</td></tr><tr><td>100</td><td>101</td><td></td><td>DARK BROWN</td><td></td><td>X</td></tr><tr><td>101</td><td>103</td><td></td><td>SANDSTONE</td><td></td><td>X</td></tr><tr><td>103</td><td>110</td><td></td><td>GREY CLAY</td><td></td><td>X</td></tr><tr><td>110</td><td>116</td><td></td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td>116</td><td>124</td><td></td><td>GREY CLAY</td><td></td><td>X</td></tr><tr><td>124</td><td>128</td><td></td><td>SANDSTONE</td><td></td><td>X</td></tr><tr><td>128</td><td>138</td><td></td><td>GREY CLAY</td><td></td><td>X</td></tr><tr><td>138</td><td>140</td><td></td><td>SANDSTONE</td><td></td><td>X</td></tr><tr><td>140</td><td>144</td><td></td><td>GREY CLAY</td><td></td><td>X</td></tr><tr><td>144</td><td>150</td><td></td><td>BROWN CLAY</td><td></td><td>X</td></tr></tbody></table>		Bore Diagn.	Depth		Material	Water		From	To	Yes	No	0	0	8	POULDERS		X	8	18		TAN CONGLOMERATE	X		18	45		GREY CLAY		X	45	48		DARK BROWN HARD		X	48	52		BROWN CLAY		X	52	65		GREY CLAY		X	65	75		BROWN "		X	75	84		GREY CLAY		X	84	85		DARK BROWN HARD		X	85	94		BROWN CLAY		X	94	97		GREY "		X	97	100		BROWN "		X	100	101		DARK BROWN		X	101	103		SANDSTONE		X	103	110		GREY CLAY		X	110	116		BROWN CLAY		X	116	124		GREY CLAY		X	124	128		SANDSTONE		X	128	138		GREY CLAY		X	138	140		SANDSTONE		X	140	144		GREY CLAY		X	144	150		BROWN CLAY		X
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5. WELL CONSTRUCTION Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ Thickness Diameter From To <u>2.50</u> inches <u>6</u> inches + <u>1</u> feet <u>39</u> feet <u>PVC</u> inches <u>72</u> inches <u>3.5</u> feet <u>150</u> feet inches inches feet feet inches inches feet feet inches inches feet feet Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input checked="" type="checkbox"/> Knife <input type="checkbox"/> Torch Size of perforation <u>5/16</u> inches by <u>18</u> inches Number From To <u>100</u> perforations <u>29</u> feet <u>34</u> feet <u>PVC</u> perforations <u>120</u> feet <u>145</u> feet perforations feet feet Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Manufacturer's name _____ Type _____ Model No. _____ Diameter Slot size Set from feet to feet Diameter Slot size Set from feet to feet Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____ Placed from feet to feet Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Puddling clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld _____ <input type="checkbox"/> Cemented between strata Describe access port <u>SANITARY WELL SEAL</u>		10. WORK STARTED <u>4/3/86</u> finished <u>4/8/86</u>																																																																																																																																															
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ MAY 19 _____ Department of Water Resources _____ Lot No. _____ Block No. _____ County <u>LEMHI</u> <u>SW 1/4 SE 1/4 Sec. 8, T. 22 N., R. 22 E.</u>		7. WELLER'S CERTIFICATION I certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>HARBER DRILLING</u> Firm No. <u>430</u> Address <u>1305 Hwy 93 North</u> Date <u>4/14/86</u> <u>BOZEMAN</u> Signed by (Firm Official) <u>Alan Harber</u> and (Operator) _____																																																																																																																																															