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REPORT OF WELL DRILLER
State of Idaho

11 12 1968

State law requires that this report shall be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

WELL OWNER:

Name City of Boise
Address Boise, Idaho

Owner's Permit No. _____

NATURE OF WORK (check): Replacement well ☐
New well ☒ Deepened ☐ Abandoned ☐

Water is to be used for: irrigation

METHOD OF CONSTRUCTION: Rotary ☐ Cable ☒
Dug ☐ Other _____

(explain)
CASING SCHEDULE: Threaded _____ Welded ☒

10" Diam. from 0 ft. to 21 ft.

"Diam. from _____ ft. to _____ ft.

"Diam. from _____ ft. to _____ ft.

"Diam. from _____ ft. to _____ ft.

Thickness of casing: .250 Material: _____

Steel ☒ concrete ☐ wood ☐ other ☐

(explain)
PERFORATED? Yes ☐ No ☐ Type of
perforator used: _____

Size of perforations: _____ by _____
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.
perforations from _____ ft. to _____ ft.

WAS SCREEN INSTALLED? Yes ☐ No ☒

Manufacturer's name _____

Type _____ Model No. _____

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION: Well gravel packed? Yes ☐

No. ☒ size of gravel _____ Gravel

placed from _____ ft. to _____ ft. Surface seal

provided? Yes ☐ No ☐ To what depth?

_____ ft. Material used in seal: _____

Did any strata contain unusable water? Yes ☐

No. ☒ Type of water: _____

Depth of strata _____ ft. Method of sealing

strata off: _____

Surface casing used? Yes ☒ No. ☐

Cemented in place? Yes ☐ No ☒

Locate well in section

LOCATION OF WELL: County MADISON

S.E. 1/4 S.W. 1/4 Sec. 20 T. 6N R. 40E

Use other side for additional remarks

Size of drilled hole: 10" Total
depth of well: 85' Standing water
level below ground: 35' Temp.
Fahr. 46 Test delivery: _____ gpm
or cfs Pump? ☐ Bail ☐
Size of pump and motor used to make test:

Length of time of test: _____ Hrs. _____ Min.

Drawdown: _____ ft. Artesian pressure: ft.

above land surface _____ GIVE flow _____ cfs

or _____ gpm. Shutoff pressure: _____

Controlled by: Valve ☐ Cap ☐ Plug ☐

No control ☐ Does well leak around casing?

Yes ☐ No ☒

DEPTH MATERIAL WATER

FROM TO YES OR NO

FEET FEET

0 25 SOIL NO

25 28 SOIL, sand and gravel NO

28 30 clay and lava NO

30 32 black lava YES

32 34 black cinders YES

34 36 red lava YES

36 40 black and red broken lava YES

40 85 red cinders (no cuttings) YES

Work started: MARCH 18, 1967

Work finished: MARCH 28, 1967

Well Driller's Statement: This well was
drilled under my supervision and this report
is true to the best of my knowledge.

Name: G.L. HOPKINS

Address: THEBENTON TRAIL

Signed by: Thomas R. Hopkins Jr.

License No. 32 Date April 10, 1968

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USGS