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CLAIM - 1990

95-10224

Form 236-7
6/89

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER Name <u>Bill Day</u> Address <u>PO Box 348 Osgood</u> Owner's Permit No. <u>96-91-A1-24</u>		7. WATER LEVEL Static water level <u>57</u> feet below spot surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe stratum or strata above water level _____																																	
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increases ☐ Abandoned (describe abandonment procedure such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☒ Pump ☐ Sucker ☐ Air ☐ Other _____ -- Discharge G.P.M. -- Pumping Level -- Meters Pumped --																																	
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th>Depth</th><th>Material</th><th>Water</th></tr><tr><th>From</th><th>To</th><th>Yes/No</th></tr></thead><tbody><tr><td>0</td><td>18</td><td>Yes</td></tr><tr><td>18</td><td>50</td><td>Yes</td></tr><tr><td>50</td><td>75</td><td>Yes</td></tr><tr><td>75</td><td>79</td><td>Yes</td></tr></tbody></table> RECEIVED APR 27 1991 Department of Water Resources 101494 RECEIVED APR 17 1991 NORTHERN REGION I DWR		Depth	Material	Water	From	To	Yes/No	0	18	Yes	18	50	Yes	50	75	Yes	75	79	Yes														
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Plug ☐ Other _____																																			
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>250 inches</td><td>6 inches</td><td>1 foot</td><td>79 feet</td></tr><tr><td>inches</td><td>inches</td><td>feet</td><td>feet</td></tr><tr><td>inches</td><td>inches</td><td>feet</td><td>feet</td></tr><tr><td>inches</td><td>inches</td><td>feet</td><td>feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>perforations</td><td>feet</td><td>feet</td></tr><tr><td>perforations</td><td>feet</td><td>feet</td></tr><tr><td>perforations</td><td>feet</td><td>feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ 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? ☐ Yes ☒ No Size of gravel _____ Raced from _____ feet to _____ feet Surface seal depth <u>18</u> feet ☒ Bentonite ☐ Asph/Flt used in seal ☐ Cement grout ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Taper, surface sealing ☐ Chempore to seal depth ☐ _____ Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access point _____		Thickness	Diameter	From	To	250 inches	6 inches	1 foot	79 feet	inches	inches	feet	feet	inches	inches	feet	feet	inches	inches	feet	feet	Number	From	To	perforations	feet	feet	perforations	feet	feet	perforations	feet	feet		
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6. LOCATION OF WELL Sketch map (include street) agree with _____ <table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr></table> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Bonner</u> N.E. 1/4 Sec 32, T 34, S 12, W 12		N			W		E	10. Work started <u>4-12-91</u> finished <u>4-12-91</u>																											
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W		E																																	
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Northern Region</u> Firm No. <u>448</u> Address <u>Idaho Falls</u> Date <u>4-15-91</u> Signed by (Firm Official) <u>John Johnson</u> and (Operator) <u>John Johnson</u>																																			

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