

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED

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

1. WELL TAG NO. D 0033222
DRILLING PERMIT NO. 807832 NOV 17 2003
Water Right or Injection Well No. _____

2. OWNER: IDWR/North
Name GREGORY D. DIETRICH
Address 320 WARNER RD.
City LEWISTON State ID Zip 83501

3. LOCATION OF WELL by legal description:

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

Twp. 35 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 29 SW 1/4 SW 1/4 NE 1/4
Gov'l Lot _____
Lat: _____ : _____ Long: _____ : _____
Address of Well Site MA City LEWISTON

(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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>CEMENTITE</u>	<u>0</u>	<u>19</u>	<u>200</u>	<u>OVER BORE</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 286
Was drive shoe seal tested? ☒ Y ☐ N How? AIR TEST

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8</u>	<u>1</u>	<u>19</u>	<u>25</u>	<u>STEEL</u>	☒	☐	☒	☐
<u>6</u>	<u>19</u>	<u>286</u>	<u>25</u>	<u>STEEL</u>	☒	☐	☒	☐
<u>4.5</u>	<u>286</u>	<u>500</u>	<u>25</u>	<u>PUL</u>	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type PUL

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAN
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>460</u>	<u>500</u>	<u>1/4"</u>	<u>72</u>	<u>4.5</u>	<u>PUL</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

360 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

WREN CAP

35N 5W 29

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>40</u>	<u>—</u>	<u>500</u>	<u>1 hr</u>

Water Temp. 54.0 Bottom hole temp. _____

Water Quality test or comments: GOOD

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>10</u>	<u>0</u>	<u>7</u>	<u>CLAY</u>			☒
<u>10.5</u>	<u>7</u>	<u>95</u>	<u>GRAVEL FRACT</u>			☒
<u>8</u>	<u>95</u>	<u>105</u>	<u>SHALE</u>			☒
<u>7</u>	<u>105</u>	<u>130</u>	<u>CLAY SANDY BROWN</u>			☒
<u>7</u>	<u>130</u>	<u>195</u>	<u>CLAY</u>			☒
<u>7</u>	<u>195</u>	<u>225</u>	<u>CLAY WHITE</u>			☒
<u>8</u>	<u>225</u>	<u>283</u>	<u>CLAY YELLOW</u>			☒
<u>6</u>	<u>283</u>	<u>390</u>	<u>GRAVEL SAND</u>			☒
<u>6</u>	<u>390</u>	<u>415</u>	<u>CLAY RED</u>			☒
<u>6</u>	<u>415</u>	<u>490</u>	<u>GRAVEL FRACT</u>		☒	☒
<u>6</u>	<u>490</u>	<u>495</u>	<u>BLUE SHALE</u>		☒	☒
<u>6</u>	<u>495</u>	<u>500</u>	<u>GRAVEL SAND</u>		☒	☒

Completed Depth 500 (Measurable)

Date: Started 10-13-03 Completed 10-18-03

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 MAIL + SONS Firm No. 616

Principal Driller Mal Mail Date 10-25-03

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES