

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat:	:	Long:

WELL TAG NO. D0028768

Drilling Permit No: _____
Other IDWR No. _____

2. OWNER
Name DICKISON, RICHARD Well Number: 632
Address 3200 OLD HWY 53
City CLEARLAKE State CA Zip 95422

3. LOCATION OF WELL by legal description
sketch map location must agree with written location

N				
	X			
S				

Twp. 49 ☒ North or ☐ South
Rge. 3 ☐ East or ☒ West
Sec. 9 1/4 NE 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____
Address of Well Site 4200 E. EDGEMERE
City HARRISON

ROAD
(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
DRY GRANULE				
BENTONITE	0	18	4 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☒	☐	☒	☐
4	-6	602	.160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-562	602	1/8 X 6	100	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
120 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 260 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
5			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 140

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
8	0	2	Top Soil		☐	☐
8	2	9	Clay W/ Gravel		☐	☐
8	9	18	Basalt		☐	☐
6	18	131	Basalt Interbeds		☐	☐
6	131	150	Basalt		☒	☐
6	150	181	Basalt		☐	☐
6	181	250	Brown Hard Clay		☐	☐
6	250	260	Hard Gray Clay		☒	☐
6	260	602	Gray Shale		☒	☐

COPY

Completed Depth 602 (Measurable)
Date: Started 8/13/03 Completed 8/14/03

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448
Firm Official _____ Date _____
and
Supervisor or Operator _____ Date _____
(Sign Once if Firm Official and Operator)

(Todd Morgan)