

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 54339
DRILLING PERMIT NO. 850133
Water Right or Injection Well No. _____



2. OWNER:
Name Dustin Cox
Address 7708 Meadowbrook Ln
City Rothdram State Id Zip 83858

3. LOCATION OF WELL by legal description:

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

Twp. 52 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 35 1/4 NW 1/4 SE 1/4
Gov't Lot _____
Lat: 117 : 48 : 49 N Long: 116 : 55 : 38 W
Address of Well Site Tamalak Ln
City Rothdram

Lt. 2 Blk. 1 Sub. Name Cedar Hollow
Parcel # 0-K023-001-002-0

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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>30</u>	<u>650 lbs</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 100

Was drive shoe seal tested? ☒ Y ☐ N How? Air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6 in</u>	<u>100</u>	<u>250</u>	<u>steel</u>	☒ Y ☐ N	☐ ☐	☒ ☐	☐ ☐	☐ ☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

(owner will install liner)

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐ ☐	☐ ☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

82 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 82 ft. Describe access port or control devices. _____

Bolted well cap

12. WELL TESTS:

Yield gal /min.	Drawdown	Pumping Level	Time
<u>3</u>	<u>Total</u>	<u>400</u>	<u>3 hrs</u>

Water Temp. Cold Bottom hole temp. C

Water Quality test or comments: Good

Depth first Water Encounter 80

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>3</u>	<u>Top soil</u>		
<u>8</u>	<u>3</u>	<u>30</u>	<u>Decomposed Granite</u>		
<u>6</u>	<u>30</u>	<u>82</u>	<u>Decomposed Granite</u>		
<u>6</u>	<u>82</u>	<u>87</u>	<u>Hard Granite (1/2 gpm)</u>		
<u>6</u>	<u>87</u>	<u>96</u>	<u>Decomposed Granite</u>		
<u>6</u>	<u>96</u>	<u>121</u>	<u>Hard Granite</u>		
<u>6</u>	<u>121</u>	<u>134</u>	<u>Decomposed Granite</u>		
<u>6</u>	<u>134</u>	<u>197</u>	<u>Hard Granite</u>		
<u>6</u>	<u>197</u>	<u>202</u>	<u>Green Granite soft (1/2 gpm)</u>		
<u>6</u>	<u>202</u>	<u>284</u>	<u>Hard Granite</u>		
<u>6</u>	<u>284</u>	<u>291</u>	<u>Green Granite soft (2 gpm)</u>		
<u>6</u>	<u>291</u>	<u>405</u>	<u>Hard Granite</u>		

RECEIVED

DEC 10 2007

IDWR/North

Completed Depth 400 (Measurable)

Date: Started 11-23-07 Completed 12-5-07

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 Disgo Drilling Firm No. 63

Principal Driller Leung R. Gordon Date 12-6-07

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required