

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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.RECEIVED
NOV 16 1983

1. WELL OWNER Name <u>Barry BALLOW</u> Address <u>FINNEBOTT RD CDA ID</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>125</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																																					
2. NATURE OF WORK <u>95-83-N-83</u> ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ Discharge G.P.M. <u>1.5 GPM</u> Pumping Level _____ Hours 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 rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>35</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td></td><td>35</td><td>20</td><td>SOFT BASALT</td><td></td><td>X</td></tr><tr><td></td><td>20</td><td>35</td><td>HARD BASALT</td><td></td><td>X</td></tr><tr><td></td><td>35</td><td>90</td><td>SOFT BASALT</td><td></td><td>X</td></tr><tr><td></td><td>90</td><td>35</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td></td><td>35</td><td>185</td><td>DECOMPOSED GRANITE</td><td></td><td>X</td></tr><tr><td>6</td><td>185</td><td>360</td><td>MED. GRANITE</td><td>X</td><td></td></tr></tbody></table> 344-347 15 GPM		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	35	BROWN CLAY		X		35	20	SOFT BASALT		X		20	35	HARD BASALT		X		35	90	SOFT BASALT		X		90	35	BROWN CLAY		X		35	185	DECOMPOSED GRANITE		X	6	185	360	MED. GRANITE	X	
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED NOV Department of Water Resources Northern District																																																					
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ inches Diameter _____ inches + _____ feet To _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet 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 _____ Placed from _____ feet to _____ feet Surface seal depth <u>20</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____																																																							
6. LOCATION OF WELL Sketch map location must agree with written location Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Boone</u> NW 1/4 SE 1/4 Sec. 12, T. 48 N. R. 5 W.																																																							
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>UNITED DRILLING INC</u> Firm No. <u>414</u> Address <u>Box 2499 CDA ID</u> Date <u>9/30/83</u> Signed by (Firm Official) <u>John R. Jolly Pres</u> and (Operator) <u>David A. Mearns</u>																																																							