

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>MILLER STIPE</u> Address <u>HARRISON, IDA</u> Owner's Permit No. <u>95-80-N-79</u>	7. WATER LEVEL Static water level <u>42</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 _____																																																										
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____																																																										
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>8 GPM</u></td> <td><u>115'</u></td> <td><u>1 hr</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>8 GPM</u>	<u>115'</u>	<u>1 hr</u>																																																				
Discharge G.P.M.	Pumping Level	Hours Pumped																																																									
<u>8 GPM</u>	<u>115'</u>	<u>1 hr</u>																																																									
4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole 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>6"</td> <td>0</td> <td>4</td> <td>CLAY</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>4</td> <td>8</td> <td>" + BASALT</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>8</td> <td>14</td> <td>CHALKY "</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>14</td> <td>65</td> <td>CLAY + "</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>65</td> <td>90</td> <td>BASALT with clay</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>90</td> <td>99</td> <td>" SAND</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>99</td> <td>117</td> <td>BRN SAND</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>117</td> <td>120</td> <td>BROKEN BASALT</td> <td>X</td> <td></td> </tr> </tbody> </table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	6"	0	4	CLAY		X		4	8	" + BASALT		X		8	14	CHALKY "		X		14	65	CLAY + "		X		65	90	BASALT with clay	X			90	99	" SAND	X			99	117	BRN SAND	X			117	120	BROKEN BASALT	X	
Hole Diam.	Depth		Material	Water																																																							
	From	To		Yes	No																																																						
6"	0	4	CLAY		X																																																						
	4	8	" + BASALT		X																																																						
	8	14	CHALKY "		X																																																						
	14	65	CLAY + "		X																																																						
	65	90	BASALT with clay	X																																																							
	90	99	" SAND	X																																																							
	99	117	BRN SAND	X																																																							
	117	120	BROKEN BASALT	X																																																							
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table style="width: 100%;"> <tr> <td>Thickness</td> <td>Diameter</td> <td>From</td> <td>To</td> </tr> <tr> <td><u>2.80</u> inches</td> <td><u>6</u> inches</td> <td><u>1</u> feet</td> <td><u>117.5</u> 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> </table> 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 <table style="width: 100%;"> <tr> <td>Number</td> <td>From</td> <td>To</td> </tr> <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> </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 _____ Placed from _____ feet to _____ feet Surface seal depth <u>30</u> Material used in seal: ☐ Cement grout ☒ Well cuttings ☐ Pudding clay ☐ Slurry pit ☐ Temp. surface casing Sealing procedure used: ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____	Thickness	Diameter	From	To	<u>2.80</u> inches	<u>6</u> inches	<u>1</u> feet	<u>117.5</u> 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	RECEIVED MAY 16 1980 Department of Water Resources Northern District Office RECEIVED MAY 27 1980 Department of Water Resources																										
Thickness	Diameter	From	To																																																								
<u>2.80</u> inches	<u>6</u> inches	<u>1</u> feet	<u>117.5</u> 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																																																									
6. LOCATION OF WELL Sketch map location must agree with written location. Subdivision Name _____ Lot No. _____ Block No. _____ County <u>KOOTENAI</u> <u>SW 1/4 SE 1/4 Sec. 30, T. 49 N, R. 3 W.</u>	10. Work started <u>4-18-80</u> finished <u>4-20-80</u>																																																										
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>BRANDX</u> Firm No. <u>289</u> Address <u>RATHDRUM, IDA</u> Date <u>4-20-80</u> Signed by (Firm Official) <u>Landon Cotton</u> and (Operator) <u>Landon Cotton</u>																																																											

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