

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 0040076
 DRILLING PERMIT NO. 833346
 Water Right or Injection Well No. _____

2. OWNER:

Name Greg Wallace
 Address 379010 Hwy 95
 City Desmet State ID Zip 83824

3. LOCATION OF WELL by legal description:

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

Twp. 44 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 30 1/4 5/8 1/4 1/8 1/4
 Gov't Lot _____ County Banewah
 Lat: _____ Long: _____
 Address of Well Site mile Post 379 Hwy 95 City Desmet
 (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>Bentonite</u>	<u>0</u>	<u>20</u>	<u>85cks</u>	<u>P&P</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 208
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>x2</u>	<u>-208</u>	<u>2.00</u>	<u>Steel</u>	☒	☐	☒	☐

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

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:

7 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 210 ft. Describe access port or control devices: Cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>100+</u>			<u>2hr</u>

Water Temp. 48 Bottom hole temp. _____
 Water Quality test or comments: clear no odor

Depth first Water Encounter 210

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	2	Clay Brown		
2	2	25	Clay Gray		
25	25	50	Clay Brown		
50	50	60	Deconifased clay		
6	60	75	Clay Tan		
75	75	150	Clay Gray		
150	150	125	Clay Brown		
125	125	210	Clay light Brown		
210	210	840	Spd Stone		
210	210		Clay		

RECEIVED

MA:

RECEIVED

JUN 3 2005

IDWR/N

Completed Depth 240 (Measurable)

Date: Started 5/6/05 Completed 5/9/05

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 Fullway Drilling Inc Firm No. 519

Principal Driller Stanley Kwalle Date 5/10/05

and Driller or Operator II David M. Kell Date 5/10/05

Operator I _____ Date _____

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



SCANNED
JUN 19 2013



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JUN 19 2013

