

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState 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.USE TYPEWRITER OR
BALLPOINT PEN

1. WELL OWNER Name <u>Johnnie Foote</u> Address <u>Star Route, Box 122, Tensed, ID 83870</u> Owner's Permit No. <u>93-79-N-7</u>	7. WATER LEVEL Static water level <u>20'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow <u>2</u> 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 ☐ Bailer ☐ Air ☐ Other _____ <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>2GPM</td><td></td><td></td></tr><tr><td>Estimated Airlift</td><td></td><td></td></tr></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	2GPM			Estimated Airlift																																																							
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type) _____	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 rowspan="2">Water Yes No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td>10</td><td>0</td><td>6</td><td>Overburden</td><td>X</td></tr><tr><td>10</td><td>6</td><td>20</td><td>Clay Brown Medium</td><td>X</td></tr><tr><td>8</td><td>20</td><td>34</td><td>Clay Brown Medium</td><td>X</td></tr><tr><td>8</td><td>34</td><td>40</td><td>Clay Red Medium</td><td>X</td></tr><tr><td>8</td><td>40</td><td>80</td><td>Clay Gray Medium</td><td>X</td></tr><tr><td>6</td><td>80</td><td>97</td><td>Clay Gray Medium</td><td>X</td></tr><tr><td>6</td><td>97</td><td>102</td><td>Clay Gray Medium</td><td>X</td></tr><tr><td>6</td><td>102</td><td>152</td><td>Clay Gray Medium</td><td>X</td></tr><tr><td>6</td><td>152</td><td>178</td><td>Basalt Gray Medium</td><td>X</td></tr><tr><td>6</td><td>178</td><td>185</td><td>Clay Medium Gray</td><td>X</td></tr><tr><td>6</td><td>185</td><td>200</td><td>Basalt Gray Medium</td><td>X</td></tr></tbody></table>	Hole Diam.	Depth		Material	Water Yes No	From	To	10	0	6	Overburden	X	10	6	20	Clay Brown Medium	X	8	20	34	Clay Brown Medium	X	8	34	40	Clay Red Medium	X	8	40	80	Clay Gray Medium	X	6	80	97	Clay Gray Medium	X	6	97	102	Clay Gray Medium	X	6	102	152	Clay Gray Medium	X	6	152	178	Basalt Gray Medium	X	6	178	185	Clay Medium Gray	X	6	185	200	Basalt Gray Medium	X
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED OCT 1 1979 Department of Water Resources 193' 4" PVC Liner No Drive Shoe 1-Surface Seal RECEIVED OCT 1 1979 Department of Water Resources North Idaho Office																																																														
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="0" style="width: 100%;"><tr><td>Thickness</td><td>Diameter</td><td>From</td><td>To</td></tr><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>+1</u> feet</td><td><u>94'</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 border="0" 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>20'</u> Material used in seal: ☐ Cement grout ☒ Puddling clay ☐ Well cuttings 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 _____	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>+1</u> feet	<u>94'</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																															
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6. LOCATION OF WELL Sketch map location must agree with written location. N W E S Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Renewah</u> SW ¼ SE ¼ Sec. <u>2</u>, T. <u>43</u> N/S, R. <u>4W</u> E/W.	10. Work started <u>9/14/79</u> finished <u>9/15/79</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>Ponderosa Drilling & Firm No. #228</u> <u>Development, Inc.</u> Address <u>6010 E. Broadway,</u> Date <u>9/17/79</u> <u>Spokane, WA. 99206</u> Signed by (Firm Official) <u>W. Scott Barratt</u> and <u>Joseph L. Booth</u> (Operator)																																																														