

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0035252
DRILLING PERMIT NO. 821640
Water Right or Injection Well No. _____

2. OWNER:
Name GARY D JENNINGS
Address 2610 EDGEWATER DR
City EUGENE State OR Zip 97401

3. LOCATION OF WELL by legal description:

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

Twp. 54 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 7 NW 1/4 SE 1/4 SW 1/4
Gov't Lot _____
County BONNER

Lat: : : Long: : :
Address of Well Site AKRE ACRES LN City BLANCHARD
(Give at least name of road + Distance to Road or Landmark)
Lt. 4 Blk. G Sub. Name AKRE ACRES

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
BURENITE	0	18	30LB	TRAPCASE

Was drive shoe used? ☒ ☐ N Shoe Depth(s) -124
Was drive shoe seal tested? ☒ ☐ N How? WELDED

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	124	1/4	STEEL	☒	☐	☒	☐

Length of Headpipe 2FT Length of Tailpipe 124
Packer ☒ ☐ N Type RUBBER

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method NO PERF
Screen Type & Method of Installation STAINLESS TUBES

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
125	130	20		5"	STAINLESS SCREEN	☐	☐
122	125	BLANK		5"	STEEL	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

117 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 118 ft. Describe access port or control devices: WELDED CAP

54N 5W 7

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

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10 GPM	1 FT	118	1 HR

Water Temp. COLD Bottom hole temp. _____
Water Quality test or comments: CLEAR FAST

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	8	SANDY BROWN LOAM		X
8	8	18	SANDY BROWN CLAY		
6	18	24	SANDY BROWN CLAY		
6	24	60	GRAVEL ROCKS		
6	60	118	PEA GRAVEL		X
6	118	130	GRAY CLAY LAYERS WITH SAND	X	
6	130	132	GRAY CLAY		X

RECEIVED

AUG 1 2004

IDWR North

Completed Depth 130 (Measurable)
Date: Started JULY 29 04 Completed AUG 6 04

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 THE DRILLER MAN Firm No. 627
Principal Driller CHRIS HAN Date Aug 08 04
and SCANNED
Driller or Operator II _____ Date _____
Operator I _____ Date JAN 10 2014

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

FORWARD WHITE COPY TO WATER RESOURCES