

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water
days after the completion or abandonment of the well.

Location Corrected by IDWR To:

T54N R05W Sec. 20 SWNWNE

By: mciscell 2012-12-14

1. WELL OWNER Name: <u>DOUGLAS YENGENS</u> Address: <u>Box 008 BLANCHARD, IDA</u> Owner's Permit No. <u>96-77-N-125</u>		7. WATER LEVEL Static water level <u>85</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																													
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other <u>AIR</u> Discharge G.P.M. <u>40-50</u> Draw Down _____ Hours Pumped _____																													
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><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>5</td><td>0</td><td>5</td><td>BROWN CLAY</td><td></td><td>X</td></tr><tr><td></td><td>5</td><td>100</td><td>BROWN CLAY & GRAVEL</td><td></td><td>X</td></tr><tr><td></td><td>100</td><td>140</td><td>COARSE SAND & SOME GRAVEL</td><td></td><td>X</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	5	0	5	BROWN CLAY		X		5	100	BROWN CLAY & GRAVEL		X		100	140	COARSE SAND & SOME GRAVEL		X
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other		RECEIVED SEP 20 1977 Department of Water Resources Northern District Office RECEIVED 603875 OCT 2 1977 Department of Water Resources Northern District Office SCANNED JAN 28 2014																													
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>140</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness _____ Diameter _____ From _____ To _____ <u>250</u> inches <u>6</u> inches <u>1</u> feet <u>139</u> feet _____ inches _____ inches _____ feet _____ 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 <u>10</u> inches by <u>18</u> inches Number _____ From _____ To _____ <u>30</u> perforations <u>125</u> feet <u>139</u> 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 ☒ Pudding clay ☒ Well cuttings Sealing procedure used ☐ Slurry pit ☒ Temporary surface casing ☒ Overbore to seal depth																															
6. LOCATION OF WELL Sketch map location must agree with written location. <u>96</u> <table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table> County <u>BONNER</u> Subdivision Name _____ Lot No. _____ Block No. _____ NW <u>OK SW</u> 1/4 NE 1/4 Sec. <u>20</u> , T. <u>54</u> N. R. <u>5</u> W				N			W		E				S																		
N																															
W		E																													
S																															
10. Work started <u>8/29/77</u> finished <u>9/31/77</u>		11. DRILLERS CERTIFICATION Firm Name <u>ADVA DRILLING & PUMP INC</u> Firm No. <u>162</u> Address <u>Box 1499 CPA</u> Date <u>9/2/77</u> Signed by (Firm Official) <u>Richard B. Brinkley</u> and <u>David M. Brinkley</u> (Operator)																													

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT