

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0041045
 DRILLING PERMIT NO. 837356
 Water Right or Injection Well No. _____

2. OWNER:
 Name Dale & Debra Hawkins
 Address P.O. Box 338
 City Fernwood State ID Zip 83830

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. 25 East ☐ or West ☒
 Sec. 25 1/4 SW 1/4 NE 1/4
 Gov't Lot _____ County Bern 10 acres _____ 40 acres _____ 160 acres _____

Lat: _____ Long: _____
 Address of Well Site 65773 Hwy 3 City Fernwood

(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>21</u>	<u>8 Sacks</u>	<u>Pour</u>

Was drive shoe used? ☒ ☐ N Shoe Depth(s) 158
 Was drive shoe seal tested? ☒ ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+2</u>	<u>-158</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☐
<u>4</u>	<u>-15</u>	<u>-205</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>150</u>	<u>190</u>	<u>1"</u>	<u>48</u>	<u>4</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

102 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 100 ft. Describe access port or control devices: cap

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>			<u>2 hrs</u>

Water Temp. 49 Bottom hole temp. _____
 Water Quality test or comments: clear no odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8</u>	<u>0</u>	<u>15</u>	<u>Clay Brown</u>			
<u>15</u>	<u>68</u>	<u>68</u>	<u>Basalt</u>			
<u>68</u>	<u>100</u>	<u>100</u>	<u>Clay Blue</u>			
<u>100</u>	<u>150</u>	<u>150</u>	<u>Sand & water Cased out</u>			
<u>150</u>	<u>160</u>	<u>160</u>	<u>Clay Brown</u>			
<u>6</u>	<u>160</u>	<u>210</u>	<u>Basalt</u>			
<u>210</u>	<u>215</u>	<u>215</u>	<u>Clay Brown</u>			

RECEIVED

DEC - 5 2005

IDWR/North

Completed Depth 215 (Measurable)

Date: Started 11/10/05 Completed 11/17/05

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 Always Drilling Inc Firm No. 510

Principal Driller Stanley K Wolfe Date 11/30/05

Driller or Operator II John Miller Date 11/30/05

Operator I _____ Date _____

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