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MAY 21 1984

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State 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.

Department of Water Resources

ENCLOSURE

1. WELL OWNER

Name Kevin Anderson
Address ST MARES
Owner's Permit No. 92-83-N-3

7. WATER LEVEL

Static water level 90' feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 50° F. Quality good
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as
materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Baller ☒ Air ☐ Other _____

Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____

10+ GPM

Blown By Air Rotary

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	0	3	Over Burden		
	5	10	Basalt (Black, Hard)		
	10	15	Clay + Basalt		
	15	50	Basalt (Black 50 FT)		
	50	75	Decomposed Basalt + clay		
	75	80	Orange Hardpan		

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
250 inches	6 inches	+1 feet	19 feet
PVC	4 1/2 inches	feet	80 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 _____ inches by _____ inches

Number _____ From _____ To _____
_____ perforations _____ feet _____ 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 18' Material used in seal: ☐ Cement grout

☐ Bentonite ☒ Puddling clay ☐ _____

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 _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____
Lot No. _____ Block No. _____

County Bennett

SW 1/4 SE 1/4 Sec. 30, T. 46N, R. 23W

10.

Work started 4/19/83 finished 4/20/83

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.

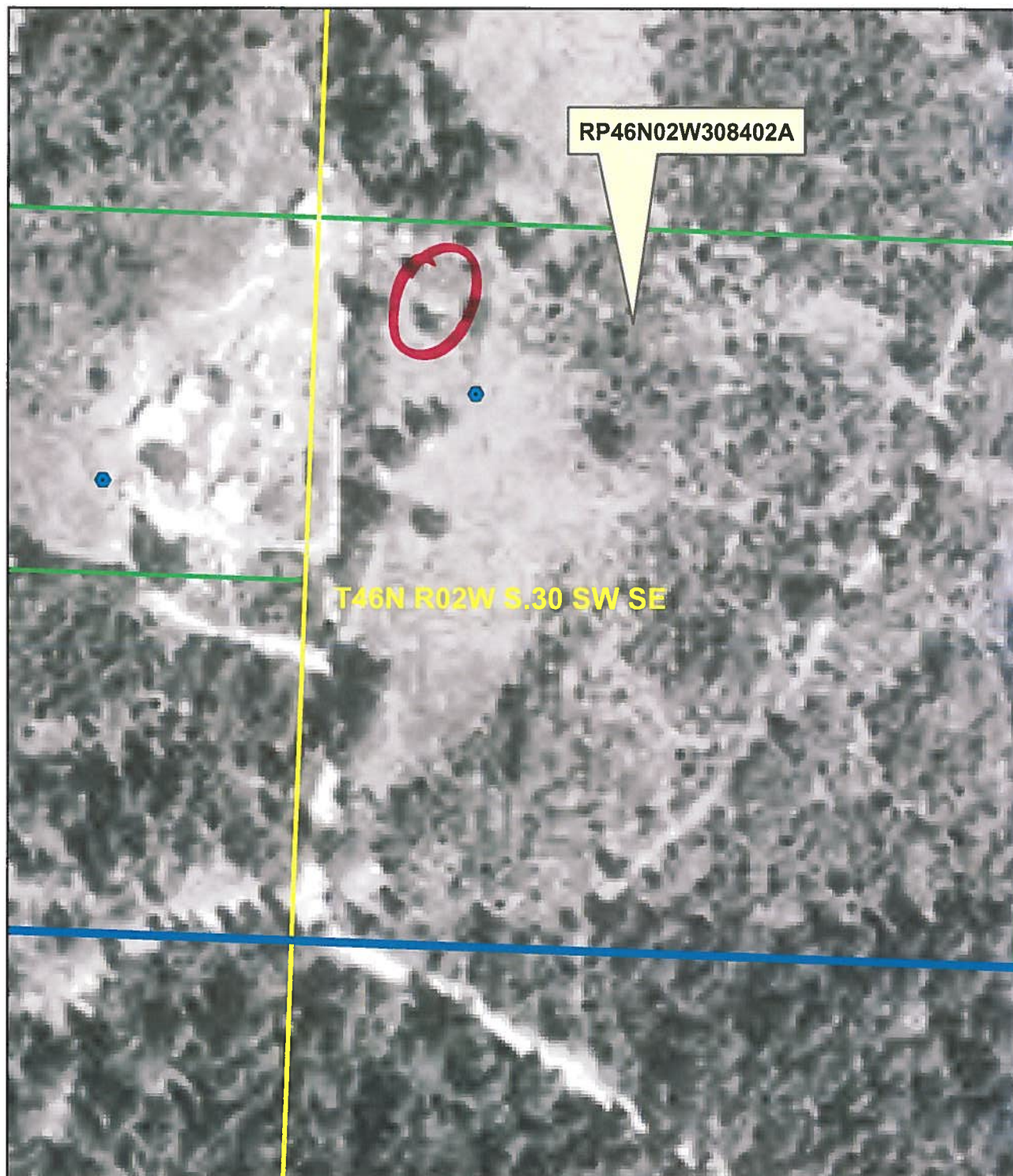
Firm Name United Drilling Firm No. 414

Address Cover d'Allegre Date 4/20/83

Signed by (Firm Official) Charles R. Volky pres.

and
(Operator) Jack O. Amor

92-10869 BRANDT, WILLIAM (1992 ARCMAP IMAGE)



92-10869 BRANDT, WILLIAM (2004 IMAGE)



92-10869 BRANDT, WILLIAM (2009 IMAGE)

