



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN
JAN 30 1989

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

1. WELL OWNER

Name Mr. & Mrs. Fred Duncan
Address Box 2 Box 109 Mt. Morris, ID
Owner's Permit No. 91-89-71-1

7. WATER LEVEL

Static water level 40 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °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 ☐ Bailor ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>2 1/2</u>	<u>350</u>	<u>1 hr</u>

3. PROPOSED USE

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

9. LITHOLOGIC LOG

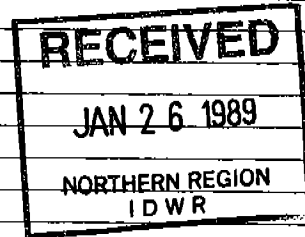
Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	68	clay		X
8	68	70	grainy		X
8	70	74	clay brown		X
8	74	98	shale		X
6	78	350	shale hard & soft mix	X	
			2 1/2 g.p.m.		

4. METHOD DRILLED

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

5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____
Thickness Diameter From To
2.50 inches 6 inches + 1 feet 80 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 _____ 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 20 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ 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 _____
Subdivision Name JUN 10 1991
Lot No. _____ Block No. _____
County Renewal
NW 1/4 SE 1/4 Sec. 1, T. 46 N, R. 3 E

10.

Work started 2/3/89 finished 1-10/89

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 Box 3499 Date 1/11/89
Signed by (Firm Official) Idon Volking
and
(Operator) Tony R Volking