

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.

1. WELL OWNER

Name ARCHIE GLISSON

Address KE11099 Ida

Owner's Permit No. 94-81-N-13

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

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

4. METHOD DRILLED

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

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness 280 inches Diameter 6 inches + 1 feet 95 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 22' Material used in seal: ☐ Cement grout
☒ Puddling clay ☒ Well cuttings

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

7. WATER LEVEL

Static water level 12' 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 _____

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Air ☐ Other pump

Discharge G.P.M. Pumping Level Hours Pumped

20 12' 12 hrs

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>6</u>	<u>0</u>	<u>6</u>	<u>CLAY</u>		☒
	<u>6</u>	<u>12</u>	<u>" + GRAVEL</u>		☒
	<u>12</u>	<u>17</u>	<u>"</u>	☒	
	<u>17</u>	<u>84</u>	<u>CLAY</u>	☒	
	<u>84</u>	<u>95</u>	<u>GRAVEL</u>	☒	

10.

Work started SEPT 4-81 finished SEPT 9-81

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

Subdivision Name

Lot No. Block No.

County SHOSHONE

NE 1/4 NE 1/4 Sec. 8, T. 49 N, R. 2 E, M.

11. DRILLERS CERTIFICATION

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

Firm Name BRAND X WATER WELLS Firm No. 289

Address RATHDRUM Ida Date 9-20-81

Signed by (Firm Official) Lindon Cordon

and

(Operator) Lindon Cordon

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT