Form 238/7 6/95

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IDWR

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

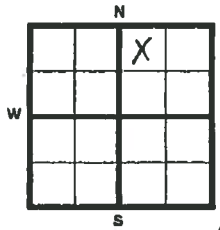
096624

Office Use Only
Inspected by
Twp Rge Sec
1/4 1/4 1/4
Lat: Long:

1. DRILLING PERMIT NO. 94-96-N-032-000 State
Other IDWR No.

2. OWNER **Well Number:** 485
Name OLSEN, FLOYD
Address PO BOX 575
City OSBURN State ID Zip 83849

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 48 ☒ North or ☐ South
Rge. 04 ☒ East or ☐ West
Sec. 18 1/4 NW 1/4 NE 1/4
Gov't Lot County SHOSHONE
Lat: Long:
Address of Well Site
City
(Give at least name of road + Distance to Road or Landmark)
Lt. Blk. Sub. Name MICHAEL SUB

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK check all that apply (Replacement, etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	18	8 SACKS	DRY OVERBOR

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 35
Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	35	.250	STEEL	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS
☒ Perforations Method TORCH
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
30	35	1/4X8	20	6	STEEL	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
20 ft. below ground Artesian pressure lb.
Depth flow encountered ft. Describe access port or control devices:

NWNE 18 48N 4E

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
7			

Water Temp. Bottom Hole Temp
Water Quality test or comments:
Depth first Water encountered

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	3	Topsoil	☐	☒
6	3	40	Shale Gray	☐	☒
8	3	18	Clay Brown W/Gravels	☐	☒
6	18	20	Gravels Large Some Clay	☐	☒
6	20	33	Gravels	☒	☐

Completed Depth 40' (Measurable)
Date: Started 09/12/96 Completed 09/12/96

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

Firm Name H20 WellService, Inc. Firm No. 448
Firm Official Date 10-14-96
and
Supervisor or Operator Date 10-10-96
(Sign Once if Firm Offical and Operator)