

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

DRILLING PERMIT NO. 00 40971Water Right or Injection Well No. 837496

2. OWNER:

Name Michelle Green
Address 306 S HALL
City Grangeville State ID Zip 73530

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 47 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 29 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County Boone Acres 40Lat: _____ Long: _____
Address of Well Site 1 mile west on Benewah Rd City Grangeville

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name HARRISON

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
Bentonite	0	50	550#	Top Pour

Was drive shoe used? ☒ Y ☐ NWas drive shoe seal tested? ☒ Y ☐ N Shoe Depth(s) 78 ft
How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	12	78	250	STEEL	☒	☐	☒	☐

Length of Headpipe _____

Packer ☐ Y ☒ N Type _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method open Bottom
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

48 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____47N 3W 29

12. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min. <u>125</u>	Drawdown _____	Pumping Level _____	Time <u>1.5</u>

Water Temp. 56°Water Quality test or comments: Good Bottom hole temp. _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
3	0	50	Whnd Rst.	Y
6	50	80	C12y	N
6	80	100	Braken Black Bst	125

RECEIVED

MAY 31 2006

IDWR/North

RECEIVED

JUL 5 2005

IDWR/North

Completed Depth 100 ft (Measurable)Date: Started 11-17-05 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 UHLERKOTT Drilling Firm No. 125Principal Driller Jim J. Uhlendatt Date 7-20-06

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES