RECEIVED 3/3/00 dd

FEB 07 2000

IDWR/North

Form 238-7 11/99

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0010939
DRILLING PERMIT NO. ____
Other IDWR No. 7549164

2. OWNER:
Name State of ID Department of Parks & Rec
Address PO BOX 83720
City Boise State ID Zip 83720

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

POSTED

N / W / E / S (X in SW quarter)

Twp. 48 North ☒ or South ☐
Rge. 04 East ☐ or West ☒
Sec. 32, NW 1/4 (10 acres) SE 1/4 (40 acres) ____ 1/4 (160 acres)
Gov't Lot ____ County ____
Lat: : : Long: : :
Address of Well Site Mowry State Park
City ____
(Give at least name of road + Distance to Road or Landmark)

Lt. ____ Blk. ____ Sub. Name ____

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
Cemment	5	21	20 bgs	Tremmy

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 21
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	.5	21	.322	Steel	☒	☐	☐	☐
6	2	195	.280	Steel	☒	☐	☐	☐
5	192	195	.280	Steel	☒	☐	☐	☐

Length of Headpipe 3 Length of Tailpipe ____

9. PERFORATIONS/SCREENS
Perforations Method ____
Screens Screen Type Stainless Steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
195	200	.030		5	S.S.	☐	☐
						☐	☐
						☐	☐

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

48N 4W 32

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

Yield gal./min.	Drawdown	Pumping Level	Time
20			X
			X

Water Temp. ____ Bottom hole temp. ____
Water Quality test or comments: ____
Depth first Water Encounter 165

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
12	0	4	Silt		X
12	4	7	Silty Sand		X
12	7	11	Sand and Gravel		X
12	11	14	Basalt Black AND Brown		
			Fractured		X
12	14	21	Basalt Black Hard		X
8	21	22	Basalt Black Hard		X
8	22	25	Basalt Brown W/Clay		X
8	25	36	Clay Orange W/Basalt		X
8	36	42	Basalt Black And Brown		
			Fractured W/Clay		X
8	42	60	Basalt Black Vesecular		X
8	60	146	Basalt Black W/Brown		
			Medium		X
8	146	153	Basalt Grey Hard		X
8	153	158	Basalt Grey Medium		X
8	158	205	Sand	X	
8	205	265	Clay		X
8	265	270	Clay W/Sand		X
8	270	289	Clay		X
8	289	300	Basalt Black Vesecular		X
	250	300	Back Filled W/Pea Gravel		
	225	250	Back Filled Pea Gravel		
			And Bentonite		
	220	225	Back Filled Bentonite		
			Hole Plug		
	200	220	Back Filled Pea Gravel		

SCANNED
DEC 12 2017

Completed Depth 200' (Measurable)
Date: Started 11-8-99 Completed 12-8-99

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

Company Name Fogle Pump & Supply Firm No. 537

Firm Official ____ Date ____
and
Driller or Operator [signature] Date 1/12/2000
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES