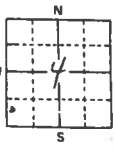


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

764-2609

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 <u>Victor M Smith</u> Address <u>Box 428 Fairchild Id</u> Drilling Permit No. <u>37-92-5-077</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>15</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>85</u> °F. Quality _____ Describe artesian or temperature zones below.																																																										
2. NATURE OF WORK ☒ New well ☐ Deepened ☒ Replacement ☐ Well diameter increase ☐ Modification ☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)	8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Air ☐ Other _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped																																																							
Discharge G.P.M.	Pumping Level	Hours Pumped																																																									
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td> </td> <td>0</td> <td>13</td> <td>Dr. Sand</td> <td> </td> <td>X</td> </tr> <tr> <td> </td> <td>13</td> <td>21</td> <td>Gravel</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>21</td> <td>24</td> <td>Sand</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>24</td> <td>29</td> <td>Dr. Clay</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>29</td> <td>31</td> <td>Dr. Sand</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>31</td> <td>50</td> <td>Gravel</td> <td>X</td> <td> </td> </tr> <tr> <td> </td> <td>50</td> <td>121</td> <td>Gran.</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>121</td> <td>130</td> <td>Gran. & small brcks</td> <td>X</td> <td> </td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No		0	13	Dr. Sand		X		13	21	Gravel				21	24	Sand				24	29	Dr. Clay				29	31	Dr. Sand				31	50	Gravel	X			50	121	Gran.				121	130	Gran. & small brcks	X	
Bore Diam.	Depth		Material	Water																																																							
	From	To		Yes	No																																																						
	0	13	Dr. Sand		X																																																						
	13	21	Gravel																																																								
	21	24	Sand																																																								
	24	29	Dr. Clay																																																								
	29	31	Dr. Sand																																																								
	31	50	Gravel	X																																																							
	50	121	Gran.																																																								
	121	130	Gran. & small brcks	X																																																							
4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	10. Work started <u>7-6-92</u> finished <u>7-6-92</u>																																																										
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness <u>25</u> inches Diameter <u>6</u> inches From <u>1</u> feet To <u>50</u> feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☒ Knife ☐ Torch ☐ Gun Size of perforation? <u>1</u> inches by <u>1/4</u> inches Number of perforations <u>30</u> From <u>35</u> feet To <u>49</u> feet Well screen installed? ☐ Yes ☒ No Manufacturer _____ Type _____ Top Packer or Headpipe _____ Bottom of Tailpipe _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>19'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay Sealing procedure used: ☐ Slurry pit ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>Sanitary Well Cap</u>	11. DRILLER'S CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Eaton Drilling</u> Firm No. <u>26</u> Address <u>Wendell</u> Date <u>7-6-92</u> Signed by Drilling Supervisor <u>[Signature]</u> and <u>[Signature]</u> (Operator) <u>[Signature]</u> (If different than the Drilling Supervisor)																																																										
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Blaine</u> <u>SW 1/4</u> <u>SW 1/4</u> Sec. <u>4</u>, T. <u>1</u> N ☒ S ☐ E ☒ W ☐ R. <u>14</u>	12. RECEIVED AUG 01 1992 Department of Water Resources Southern Region Office																																																										

T IN RIVE SOU