

Form 238-7
6/02IDAHO 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 0040389DRILLING PERMIT NO. 834622 correct permit#Water Right or Injection Well No. 2A 274897 835876

2. OWNER:

Name James R. Wallace
 Address 2780 N Mountain View Rd
 City Moscow State Id Zip 83843

3. LOCATION OF WELL by legal description:

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

Twp. 40 North ☒ or South ☐Rge. 5 East ☐ or West ☒Sec. 33 1/4 NW 1/4 SE 1/4Gov't Lot _____ County Latih

Lat: _____ Long: _____

Address of Well Site 2780 N Mountain View Rd City Moscow

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

- ☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply

- ☐ New Well ☒ Modify ☐ Abandonment ☐ Other Repair (Replacement etc.)

6. DRILL METHOD:

- ☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>old well</u>				

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>old well</u>					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

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:

145 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

- ☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>unknown</u>			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>6</u>	<u>153</u>	<u>278</u>	<u>Never blew water or material from well</u>		

RECEIVED
 AUG 29 2005
 IDWR/North

Completed Depth 275 (Measurable)Date: Started 7/14/05 Completed 7/16/05

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 Upbeckett Drill Firm No. 125Principal Driller Jim Upbeckett Date 8/21/05

and 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