

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTRECEIVED
MAY 11 2015

1. WELL TAG NO. D 0061910

Drilling Permit No. 872908
Water right or injection well # _____

2. OWNER

Name KEVIN MUIR
Address 3020 PRATHER LN.
City SANTA CRUZ State CA Zip 95065

3. WELL LOCATION:

Twp. 40 North ☒ or South ☐ Rge. 4 East ☐ or West ☒
Sec. 3 1/4 40 acres NW 1/4 NE 1/4 160 acresGov't Lot _____ County LATAH
Lat. N46° 50' 671 (Deg. and Decimal minutes)
Long. W116° 49' 522 (Deg. and Decimal minutes)
Address of Well Site 6 MI. SOUTH ON HATTER RD.
City PRINCETON

(Give at least name of road & distance to Road or Landmark)

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
BENTONITE	0	40	20	DRY

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8"	+1	40	250	STEEL	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method SAWManufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 349' Static water level (ft) 340'
Water temp. (°F) 55 Bottom hole temp. (°F) _____Describe access port WELL CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	<u>1/4</u>	<u>1 HR</u>

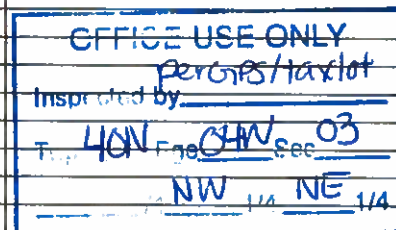
Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water Quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y N
12	0	5	CLAY BROWN	
12	5	26	GRANITE SOFT	
12	26	40	GRANITE MEDIUM BROWN	
8	40	108	GRANITE MEDIUM BROWN	
8	108	162	GRANITE HARD WHITE	
8	162	169	GRANITE DECOMPOSED BROWN	
8	169	400	GRANITE HARD	X



Completed Depth (Measurable) _____

400

Date: Started 8/5/14Completed 8/7/14

14. DRILLER'S CERTIFICATION

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

MCPHERSON & WRIGHT

Company Name DRILLINGCo. No. 0376*Principal Driller Ted WrightDate 11/15/14

*Driller _____

Date _____

*Operator II Mary WrightDate 11/15/14

Operator I _____

Date _____

* Signature of Principal Driller and rig operator are required.