Form 238-7
11/97 JGE

# 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 0028922
DRILLING PERMIT NO. 80736S
Other IDWR No. _____

**2. OWNER:**
Name CHAD & JULIE LUSBY
Address 750 ONAWAY RD
City POTLATCH State ID Zip 83855

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

N / W / E / S

Twp. 41 North [X] or South [ ]
Rge. 3 East [ ] or West [X]
Sec. 29 ____ 1/4 (10 acres) NW 1/4 (40 acres) NW 1/4 (160 acres)
Gov't Lot ____ County LATAH
Lat: Long:
Address of Well Site W. STATE HWY 9
City POTLATCH
(Give at least name of road + Distance to Road or Landmark)
Lt. ____ Blk. ____ Sub. Name ____

**4. USE:**
[X] Domestic [ ] Municipal [ ] Monitor [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Other ____

**5. TYPE OF WORK:** check all that apply (Replacement etc.)
[X] New Well [ ] Modify [ ] Abandonment [ ] Other ____

**6. DRILL METHOD:**
[X] Air Rotary [ ] Cable [ ] Mud Rotary [ ] Other ____

**7. SEALING PROCEDURES:**

| Seal/Filter Pack | | | AMOUNT | METHOD |
|---|---|---|---|---|
| Material | From | To | Sacks or Pounds | |
| BENTONITE | 0 | 20 | 7 | DRY |
| | | | | |
| | | | | |

Was drive shoe used? [X] Y [ ] N Shoe Depth(s) 20
Was drive shoe seal tested? [X] Y [ ] N How? 300 PSI

**8. CASING/LINER:**

| Diameter | From | To | Guage | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 8 | +1 | 20 | 1/4 | STEEL | [X] | [ ] | [X] | [ ] |
| 6 | 15 | 65 | 200 | PVC | [ ] | [X] | [ ] | [ ] |
| | | | | | [ ] | [ ] | [ ] | [ ] |

Length of Headpipe ____ Length of Tailpipe ____

**9. PERFORATIONS/SCREENS:**
[X] Perforations Method SAW
[ ] Screens Screen Type ____

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|---|---|---|---|---|---|---|---|
| 45 | 65 | 1/8 | 30 | 6 | PVC | [ ] | [X] |
| | | | | | | [ ] | [ ] |
| | | | | | | [ ] | [ ] |

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

**11. WELL TESTS:**
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 80 | | 60 | 1 HR |
| | | | |
| | | | |

Water Temp. 55 Bottom hole temp. ____
Water Quality test or comments: ____
Depth first Water Encounter 31

**12. LITHOLOGIC LOG:** (Describe repairs or abandonment)

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 14 | 0 | 9 | CLAY | | |
| 14 | 9 | 20 | BASALT WEATHERED BROWN | | |
| 8 | 20 | 25 | BASALT WEATHERED BROWN | | |
| 8 | 25 | 31 | BASALT RED | | |
| 8 | 31 | 57 | BASALT WEATHERED BROWN | X | |
| 8 | 57 | 65 | BASALT GRAY MEDIUM | | |

RECEIVED
SEP 17 2004
IDWR/North

Completed Depth 65 (Measurable)
Date: Started 10/1/2003 Completed 10/2/2003

**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 MCPHERSON & WRIGHT DRILLING Driller's License No. 0376
Firm Official Ted W Right Date 9/15/2004
and
Driller or Operator Greg Wright Date 9/15/2004
(Sign once if Firm Official & Operator)

41N 3W 29

FORWARD WHITE COPY TO WATER RESOURCES