

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. 807365

Other IDWR No.

2. OWNER:

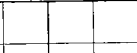
Name **CHAD & JULIE LUSBY**

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.


 Twp. 41 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 29
 Gov't Lot _____
 Lat: _____ Long: _____
 Address of Well Site W. STATE HWY 9
 City POTLATCH

4. USE:

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

5. TYPE OF WORK: check all that apply

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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	7	DRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) **20**

Was drive shoe seal tested? ☒ Y ☐ N How? **300 PSI**

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1	20	1/4	STEEL	☒	☐	☒	☐
6	15	65	200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☒ Perforations Method **SAW**
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
45	65	1/8	30	6	PVC	☐	☒
						☐	☐
						☐	☐

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 ☒ 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)

[illegible]

13. DRILLER'S CERTIFICATION:

17. 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** File No. **0376**

Firm Official *[Signature]* Date **9/15/2004**

and
Driller or Operator Cheryl M. Wright Date 9/15/2004
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES