

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 Dolores Howard

Address 636 S Blaine Moscow, Id

Drilling Permit No. 87-82-N-27

Water Right Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Well diameter increase

☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal

☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary

☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☒ Other 6" PVC

Thickness 250 inches 5 inches + 1 feet 41 feet

250 inches 6 inches - 7 feet 280 feet

_____ inches _____ inches _____ feet _____ feet

_____ inches _____ inches _____ feet _____ 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 _____ inches by _____ inches 5/16" x 1"

Number 60 perforations 250 feet 220 feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Pudding clay ☐ _____

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld

☐ Cemented between strata

Describe access port Well Seal

6. LOCATION OF WELL

Sketch map location must agree with written location. ☒

N

W

E

Subdivision Name _____

Lot No. _____ Block No. _____

County LaTah

SE 1/4 NW 1/4 Sec. 26 T. 41 N. 5 E. 5 W. 5

7. WATER LEVEL

Static water level 90 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature 51 °F. Quality Good

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M. 5-6

Pumping Level 280

Hours Pumped 2

9. LITHOLOGIC LOG

85041

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>10</u>	<u>0</u>	<u>12</u>	<u>Over Barden</u>	<u>NO</u>	<u>X</u>
<u>10-8</u>	<u>12</u>	<u>40</u>	<u>Decomposed Granit</u>	<u>NO</u>	<u>X</u>
<u>8</u>	<u>40</u>	<u>60</u>	<u>Firm Granit</u>	<u>NO</u>	<u>X</u>
<u>8</u>	<u>60</u>	<u>125</u>	<u>Decomposed Granit</u>	<u>NO</u>	<u>X</u>
<u>8</u>	<u>125</u>	<u>280</u>	<u>Firm Granit</u>	<u>NO</u>	<u>X</u>

10.

Work started 8/7/92 finished 8/15/92

11. DRILLERS CERTIFICATION

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

Firm Name BURNS WELL DRILLING, INC Firm No. 103

RT. 2 BOX 615

Address ORANGECVILLE, ID 83850 Date AUG 21 1992

Signed by (Firm Official) G.R. Burns

and TDK (Operator) Scott D. Olsen

RECEIVED

AUG 24 1992

NORTHWEST REGION

FOUR

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT