

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

77469

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

1. DRILLING PERMIT NO. 87-98-N-38
Other IDWR No. 00005356

2. OWNER:
Name DALE AND TAMMY DEERKOP
Address PO BOX 15
City HARVARD State ID Zip 83834

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

POSTED

Map grid showing location. Twp. 41N North ☒ or South ☐
Rge. 4W East ☐ or West ☒
Sec. 14 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County LATAH
Lat: _____ Long: _____
Address of Well Site 1151 BEAR CREEK
City PRINCETON
RD. _____
(Give at least name of road - Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. 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		
<u>BENTONITE</u>	<u>0</u>	<u>28</u>	<u>6 SACKS</u>		<u>DRY</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 28
Was drive shoe seal tested? ☒ Y ☐ N How? 300 PSI AIR

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>8</u>	<u>+1</u>	<u>28</u>	<u>260</u>	<u>STEEL</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

190 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 297-305 ft. Describe access port or control devices: _____

41N 4W 14

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>2</u>			<u>1hr</u>

Water Temp. 53° Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered 297

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>12</u>	<u>0</u>	<u>1</u>	<u>SOIL</u>		☒
<u>12</u>	<u>1</u>	<u>7</u>	<u>CLAY</u>		☒
<u>12</u>	<u>7</u>	<u>19</u>	<u>BASALT SOFT</u>		☒
<u>12</u>	<u>19</u>	<u>28</u>	<u>BASALT MEDIUM GRAY</u>		☒
<u>8</u>	<u>28</u>	<u>103</u>			☒
<u>8</u>	<u>103</u>	<u>114</u>	<u>BASALT & CLAY</u>		☒
<u>8</u>	<u>114</u>	<u>119</u>	<u>BAS Red</u>		☒
<u>8</u>	<u>119</u>	<u>194</u>	<u>BASALT MEDIUM GRAY</u>		☒
<u>8</u>	<u>194</u>	<u>205</u>	<u>CLAY</u>		☒
<u>8</u>	<u>205</u>	<u>268</u>	<u>BASALT MEDIUM GRAY</u>		☒
<u>8</u>	<u>268</u>	<u>278</u>	<u>BASALT & CLAY</u>		☒
<u>8</u>	<u>278</u>	<u>297</u>	<u>BASALT MEDIUM GRAY</u>		☒
<u>8</u>	<u>297</u>	<u>305</u>	<u>BASALT FRACTURED BLACK</u>	☒	

RECEIVED
APR 13 1999
IDWR/North

Completed Depth 305 (Measurable)
Date: Started 10/06/98 Completed 10/07/98

13. DRILLER'S CERTIFICATION

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

Firm Name McPHERSON & WRIGHT DRILLING Firm No. _____
Firm Official T. WRIGHT 2243 Burrell Date 4/10/99
and Lewiston, Idaho 83501
Supervisor or Operator (208) 743-7325 Date 4/10/99
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES