

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0056266

Drilling Permit No. 857262
Water right or injection well # _____

2. OWNER

Name JEFF & SHERYL ENGLER
Address BOX 72
City DRUE State WA Zip 99329

3. WELL LOCATION:

Twp. 40 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec. 32 SW 1/4 SW 1/4 1/4 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County LATAH
Lat. _____ (Deg. and Decimal minutes)
Long. _____ (Deg. and Decimal minutes)
Address of Well Site CORNER OF CHANEY RD. AND ROTHWEN RD.

(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	41	21	DRY

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8	+1	41	250	STEEL	☒	☐	☐	☒
6	25	405	200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 41

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method SAW
Manufactured screen ☐ Y ☐ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
325	405	1/8X12	120	6	PVC	200

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
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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) 311 Static water level (ft) 155
Water temp. (°F) 55 Bottom hole temp. (°F) _____
Describe access port WELL CAP

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	1/2	1 HR

Test method:

Pump ☐ Bailor ☐ 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	9	CLAY	
12	9	41	GRANITE BLACK & WHITE MEDIUM	
8	41	67	GRANITE BLACK & WHITE MEDIUM	
8	67	71	GRANITE DECOMPOSED BROWN	
8	71	123	GRANITE BLACK & WHITE MEDIUM	
8	123	127	GRANITE DECOMPOSED BROWN	
8	127	191	GRANITE BLACK & WHITE MEDIUM	
8	191	287	GRANITE GREEN MEDIUM	
8	287	311	GRANITE BLACK & WHITE MEDIUM	
8	311	351	GRANITE DECOMPOSED BROWN	X
8	351	405	GRANITE BLACK & WHITE MEDIUM	

RECEIVED

AUG 02 2010

IDWR/North

Completed Depth (Measurable) 405

Date: Started 7/31/09 Completed 8/6/09

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 DRILLING Co. No. 0376
*Principal Driller Tul J Wright Date 9/11/09
*Driller Greg Wright Date 9/11/09
*Operator II _____ Date _____
Operator I _____ Date _____

*Signature of Principal Driller and rig operator are required.

40N 05W 32