

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 00 4823 **ENTERED**
 DRILLING PERMIT NO. 847816
 Water Right or Injection Well No. _____

2. OWNER:
 Name Larry Gerner
 Address 140 EAST Palouse River Dr.
 City Moscow State ID Zip 83843

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 39 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 30 1/4 NE 1/4 NW 1/4
 Gov't Lot _____ County Latah
 Lat: _____ Long: _____
 Address of Well Site 3055 Hwy 95
 City Moscow
 (Give at least name of road + Distance to Road or Landmark)
 Lt. 9 Blk. _____ Sub. Name SKY VIEW

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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>57</u>	<u>450#</u>	<u>Top Poun</u>

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____
 Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>12</u>	<u>57</u>	<u>350</u>	<u>STEEL</u>	☒	☐	☒	☐
<u>4.5</u>	<u>30</u>	<u>350</u>	<u>160</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method SAW
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-310</u>	<u>-350</u>	<u>1/8x4</u>	<u>42</u>	<u>4.5</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>/</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
77 ft. below ground Artesian pressure — lb.
 Depth flow encountered — ft. Describe access port or control devices: Top of casing

39N 5W 30

Office Use Only
 Well ID No. _____
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 1/4 1/4 1/4
 Lat: _____ Long: _____

12. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>2</u>			<u>1.5</u>

Water Temp. 55° Bottom hole temp. _____
 Water Quality test or comments: Good

Depth first Water Encounter 183

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	49	Brown Clay		
10	49	57	Med Hd Granite		
6	57	123	" " "		
6	123	178	Brown Granite & Quartz		
6	178	350	Med Hd Granite		

RECEIVED

AUG 07 2007

IDWR/North

Completed Depth 350 (Measurable)
 Date: Started 7-13-07 Completed 7-13-07

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

Company Name Phlenkot Drilling Firm No. 125
 Principal Driller Phlenkot Date 7-25-07
 and Booth
 Driller or Operator II Booth Date 7-25-07
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.