

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT



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

1. WELL TAG NO. D 00 51665
DRILLING PERMIT NO. 845963
Water Right or Injection Well No. _____

2. OWNER:
Name Russell Cloud
Address 13722 Cow Creek Rd.
City Genesee State ID Zip 83832

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 38 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 26 1/4 NE 1/4 NW 1/4
Gov't Lot _____ County LATAH
Lat: _____ Long: _____
Address of Well Site Jct of old Hwy 95 & Elkum Rd
City Genesee
(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	27	450#	Top four

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
6"	+2	-27	20	Steel	☒	☐	☐	☐
4.5"	-25	-125	160	PVC	☐	☒	☐	☐

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
-85	-125	1/4x4	42	4.5"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
65 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
Top of casing
38 N 5W 26

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50			1.5

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

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 103'

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
10	0	8	Brown Clay			
10	8	17	Med Hd BSLT			
10	17	26	Soft Wthrd BSLT			
6	26	90	Med Hd BSLT			
6	90	103	HARD GRAY BSLT			
6	103	125	Soft Frac. BSLT	50		

RECEIVED
APR 09 2007
IDWR/North

Completed Depth 125 (Measurable)
Date: Started 4-5-07 Completed 4-5-07

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 UHLEROTT DRILLING Firm No. 125
Principal Driller [Signature] Date 4-6-07
and _____
Driller or Operator II _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.