

WELL DRILLER'S REPORT
RECEIVED

Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat	:	Long

1. **WELL TAG NO.** D0013862 **OCT 25 2000**

Drilling Permit No:

Other IDWR No.

767133

IDWR/North

2. **OWNER**

Well Number:

Name Lon & Cynthia Miller

131

Address 1141 Paradise Ridge Road

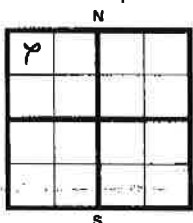
City Moscow

State ID

Zip 83843

3. **LOCATION OF WELL by legal description**

sketch map location must agree with written location



Twp. 39



North or



South

Rge. 05



East or



West

Sec. 33



1/4

NW



1/4

NW



1/4

1/4

Gov't Lot

County

LATAH

Lat: 44° 15' N

Long: 114° 15' W

Address of Well Site

City

Moscow

(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	
BENTONITE	0	30	12 bags	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

Was drive shoe seal tested? ☐ Y ☐ N How?

8. **CASING/LINER:**

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	-38	.250	steel	☒	☐	☒	☐
4	-10	-300	.160	pvc	☐	☒	☐	☐

Length of Headpipe

Length of Tailpipe

9. **PERFORATIONS/SCREENS**

☒ Perforations Method skill saw

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-260	-300	1/8x6	84	4	pvc	☐	☒

10. **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

100 ft. below ground Artesian pressure lb.

Depth flow encountered ft. Describe access port or control devices:

39 N 5 W 33

11. **WELL TESTS:**

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
estimate 10			

Water Temp. cold Bottom Hole Temp cold

Water Quality test or comments:

Depth first Water encountered 250

12. **LITHOLOGIC LOG:(Describe repairs or abandonment)**

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	5	Topsoil	☐	☒
8	5	35	Granite brown decomposed	☐	☒
6	35	130	Granite gray soft	☐	☒
6	130	190	Granite green soft	☐	☒
6	190	245	Granite gray/green medium	☐	☒
6	245	260	Granite green w/H2O	☒	☐
6	260	300	Granite gray/white medium	☐	☒
Completed Depth <u>300</u> (Measurable)					
Date: Started <u>10/18/00</u> Completed <u>10/18/00</u>					

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 H2O WellService, Inc. Firm No. 448

Firm Official Jim McLieslie Date 10-23-00

and

Supervisor or Operator Jim McLieslie Date 10-18-00

(Sign Once if Firm Official and Operator)

Jim McLieslie