Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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APR 03 2019

1. WELL TAG NO. D 0079255

Drilling Permit No. 889102

Water right or injection well # _____

2. OWNER: Barry Blevins

Name _____

Address 812 N Almon Street

City Moscow State ID Zip 83843

3.WELL LOCATION:

Twp. 39 North ☒ or South ☐ Rge. 5 East ☐ or West ☒

Sec. 30 ____ 1/4 (10 acres) SW 1/4 (40 acres) NE 1/4 (160 acres)

Gov't Lot _____ County Latah

Lat. 46 ° 41.739 (Deg. and Decimal minutes)

Long. 117 ° 0.618 (Deg. and Decimal minutes)

Address of Well Site 2919 Clyde Road

(Give at least name of road + Distance to Road or Landmark) City Moscow

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ 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 ft³)	Placement method/procedure
Bentonite	0	70	1500 lbs	Overbore Poured
Granuals				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
8"	+2	114	.250	Steel	☒	☐	☐	☒
6"	-80	160	.250	Steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 80', 114' 160'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Torch CUt

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
80	160	1/8x6	60	6"	Steel	.250

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10.FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method

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) 123 Static Water Level (ft) IDWR / NORTH

Water temp. (°F) 52 Bottom hole temp. (°F) _____

Describe access port Well Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
160	8-10	60

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐
☐	☐	☐	☐

Water quality test or comments: Cool & Clear

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	Water N
12	0	4	Dirt		X
12	4	25	Brown Clay		X
12	25	116	Brown Decomposed Granite		X
8	116	137	Brown Decomposed Granite	X	
8	137	160	Tan Decomposed Granite	X	

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IDWR / NORTH

Completed Depth (Measurable): 160'

Date Started: Mar 15, 2019 Date Completed: Mar 21, 2019

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 Stuivenga Vessey Drilling Co. No. 545

*Principal Driller _____ Date Apr 1, 2019

*Driller _____ Date Apr 1, 2019

*Operator II _____ Date Apr 1, 2019

Operator I _____ Date _____

*** Signature of Principal Driller and rig operator are required.**