

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0039840

DRILLING PERMIT NO. 833961

Water Right or Injection Well No. _____

2. OWNER:

Name Ray Kettle

Address P.O. Box 41

City Harvard State ID Zip 83834

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 41 North ☒ or South ☐

Rge. 3 East ☐ or West ☒

Sec. 2 SW 1/4 NW 1/4 160 acres

Gov't Lot _____ County Latah

Lat: _____ Long: _____

Address of Well Site 1060 Quartz Creek Rd

City Harvard

(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
<u>Bentonite</u>	<u>0</u>	<u>38</u>	<u>250 lbs</u>	<u>Dry</u>

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
<u>8</u>	<u>+1</u>	<u>38</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>6</u>	<u>-10</u>	<u>190</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>170</u>	<u>190</u>	<u>1/8x8</u>	<u>36</u>	<u>6</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

70 ft. below ground Artesian pressure _____ lb.

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

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>approx 7</u>		<u>180</u>	<u>1 Hr.</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 99

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>9</u>	<u>overburden</u>		☒
<u>10</u>	<u>9</u>	<u>35</u>	<u>soft granit</u>		☒
<u>10</u>	<u>35</u>	<u>38</u>	<u>granit firm</u>		☒
<u>8</u>	<u>38</u>	<u>53</u>	<u>granit firm</u>		☒
<u>8</u>	<u>53</u>	<u>69</u>	<u>granit soft</u>		☒
<u>8</u>	<u>69</u>	<u>89</u>	<u>granit firm</u>		☒
<u>8</u>	<u>89</u>	<u>114</u>	<u>soft granit</u>		☒
<u>8</u>	<u>114</u>	<u>177</u>	<u>granit firm</u>		☒
<u>8</u>	<u>177</u>	<u>181</u>	<u>fract. granit</u>		☒
<u>8</u>	<u>181</u>	<u>190</u>	<u>granit firm</u>		☒

RECEIVED
NOV 08 2005
IDWR/North

Completed Depth 619105 190 (Measurable)

Date: Started 6/9/05 Completed 6/11/05

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 Witt Well Drilling Firm No. 58

Principal Driller Roger Witt Date 6/12/05

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES