

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 00 51867
DRILLING PERMIT NO. 846516
Water Right or Injection Well No. _____

2. OWNER:
Name Robert L. Robbins
Address 15 Longtree Lane
City Trout Cr. State MT Zip 59874

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. 5 East ☐ or West ☒
Sec. 11 1/4 SE 1/4 NE 1/4
Gov't Lot _____
County LATAH
Lat: _____ Long: _____
Address of Well Site 1020 Lisher Catara Rd.
City Politech
(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>60</u>	<u>450#</u>	<u>Top Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 64 ft.
Was drive shoe seal tested? ☒ Y ☐ N How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-67'</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4.5"</u>	<u>-60</u>	<u>-200'</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>-160</u>	<u>-200</u>	<u>1/8x1</u>	<u>42</u>	<u>4.5"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

142 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Top of casing
41 N 5W 11

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

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>28</u>			<u>1.5</u>

Water Temp. 53° Bottom hole temp. _____
Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 142'

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>18</u>	<u>Sticky Tan Clay</u>		☒
<u>8</u>	<u>18</u>	<u>27</u>	<u>"</u>		☒
<u>6</u>	<u>27</u>	<u>125</u>	<u>Decomposed Granite</u>		☒
<u>6</u>	<u>125</u>	<u>162</u>	<u>Hard Grey Granite</u>		☒
<u>6</u>	<u>162</u>	<u>166</u>	<u>Soft Green Granite</u>		☒
<u>6</u>	<u>166</u>	<u>178</u>	<u>Soft Granite</u>	<u>28</u>	
<u>6</u>	<u>178</u>	<u>200</u>	<u>Med Hard Granite</u>		☒

RECEIVED
MAY 01 2007
IDWR/North

Completed Depth 200' (Measurable)
Date: Started 4-24-07 Completed 4-24-07

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 WHLEA/OTT Drilling Firm No. 125
Principal Driller Ring Whlebert Date 4-29-07
and _____
Driller or Operator II _____ Date _____
Operator I _____ Date _____
Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

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Correct, 07

Zip 59874Describe control device _____

* Signature of Principal Driver and the operator are required

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