

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 0051800
DRILLING PERMIT NO. 846976
Water Right or Injection Well No. _____

ENTERED

2. OWNER:
Name Doc Blum
Address 3179 Flomer Ln
City Moscow State Id Zip 83843

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian
Yield gal./min. 4 1/2 Drawdown _____ Pumping Level _____ Time 1 hr

Water Temp. 54° Bottom hole temp 54°

Water Quality test or comments: Good

3. LOCATION OF WELL by legal description:

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

Twp. 39 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 30 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County Latah

Lat: _____ Long: _____
Address of Well Site Clyde Rd south of off
95 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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>30</u>	<u>6 bags</u>	<u>Dry</u>

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
<u>6" +2</u>	<u>38</u>	<u>250</u>	<u>250</u>	<u>steel</u>	☒	☐	☒	☐
<u>4 1/2 -30</u>	<u>250</u>	<u>160</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 cut

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>210</u>	<u>250</u>	<u>18X3</u>	<u>100</u>	<u>4 1/2</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 ft. below ground Artesian pressure _____ lb.

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

39N 5W 30

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>silt</u>			☒
	<u>2</u>	<u>30</u>	<u>clay</u>			☒
	<u>30</u>	<u>38</u>	<u>decomposed granite</u>			☒
<u>6</u>	<u>38</u>	<u>100</u>	<u>hard granite</u>			☒
	<u>100</u>	<u>178</u>	<u>hard & soft areas</u>			☒
	<u>178</u>	<u>200</u>	<u>hard granite</u>			☒
	<u>200</u>	<u>250</u>	<u>cherty granite</u>		☒	

RECEIVED

JUL 17 2007

IDWR/North

Completed Depth 250 (Measurable)

Date: Started 5/29/07 Completed 5/30/07

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 Whitcomb Drill Firm No. 125

Principal Driller Don Whitcomb Date 6/29/07

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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