USE TYPEWRITER OR BALL POINT PEN

ENT'D

State of Idaho
Department of Reclamation

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

1. WELL OWNER

Name RICHARD BRIGHT

Address RT 3 MOSCOW, IDAHO

Owner's Permit No. 87-71-N-23

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test

☐ Municipal ☐ Industrial ☐ Stock

4. METHOD DRILLED

☒ Cable ☐ Rotory ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 8 inches Total depth _____ feet

Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
1/4 inches	8 inches	+1 feet	114 feet
inches	inches	feet	feet
inches	inches	feet	feet
inches	inches	feet	feet
inches	inches	feet	feet

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number	From	To
perforations	feet	feet
perforations	feet	feet
perforations	feet	feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter ___ Slot size ___ Set from _____ feet to _____ feet

Diameter ___ Slot size ___ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel _____

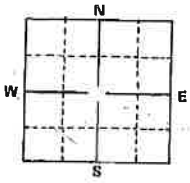
Placed from _____ feet to _____ feet

Surface seal? ☒ Yes ☐ No To what depth 30' feet

Material used in seal ☐ Cement grout ☒ Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.



County LATAH

SE ¼ NE ¼ Sec. 34, T. 41 N/~~S~~, R. 5 ~~E~~/W

7. WATER LEVEL

Static water level 30 feet below land surface

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Temperature _____ ° F. Quality _____

Artesian closed-in pressure _____ p.s.i.

Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped
5	70'	1

9. LITHOLOGIC LOG

Hole Diam.	Depth From	Depth To	Material	Water Yes	Water No
8	0	1	TOP SOIL		X
	1	30	YELLOW CLAY		X
	30	31	DECOMPOSED GRANITE		X
	31	86	CLAY + GRANITE SAND		X
	86	114	DECOMPOSED GRANITE + CLAY		X
	114	145	DECOMPOSED GRANITE		X
	145	150	DECOMPOSED GRANITE	X	

10.

Work started 1-10-71 finished 1-22-71

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

RAY McPHERSON WELL DRILLING 190
Driller's or Firm's Name Number

RR1 BOX 87 PULLMAN, WASH
Address

Ray McPherson 2-11-70
Signed By Date

USE ADDITIONAL SHEETS IF NECESSARY