

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only		
Inspected by _____		
Twp _____	Rge _____	Sec _____
1/4 _____	1/4 _____	1/4 _____
Lat: _____	Long: _____	

1. WELL TAG NO. D 0022949

DRILLING PERMIT NO. 801947

Other IDWR No. _____

2. OWNER:

Name TIMOTHY B. CRAWFORD

Address 1039 BORDER LANE

City MOSCOW

State ID Zip 83853

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N	
W	E
S	

Twp. 40 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 18 1/4 NW 1/4 SE 1/4
Gov't Lot _____
County LATAH
Lat: _____ Long: _____

Address of Well Site SAME

(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/Filter Pack			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	28	9	DRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 28

Was drive shoe seal tested? ☒ Y ☐ N How? 300 PSI

8. CASING/LINER:

Diameter	From To	Gauge	Material	Casing	Liner	Welded	Threaded
8	0 28	1/4	STEEL	☒	☐	☒	☐
6	20 280	200	PVC	☐	☒	☐	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

☒ Perforations Method SAW
☐ Screens Screen Type _____

From To	Slot Size	Number	Diameter	Material	Casing	Liner
220 280	1/8	90	6	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

34 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control

devices: WELL CAP

11. WELL TESTS:

☐ Pump	☐ Baller	☒ Air	☐ Flowing Artesian
Yield gal./min. <u>12</u>	Drawdown _____	Pumping Level <u>275</u>	Time <u>1 HR</u>

Water Temp. 55

Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 261

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
14	0	14	CLAY			
14	14	24	GRANITE DECOMPOSED			
14	24	28	GRANITE MEDIUM			
8	28	94	GRANITE MEDIUM			
8	94	136	GRANITE SOFT			
8	136	212	GRANITE MEDIUM			
8	212	234	GRANITE DEMOMPOSED			
8	234	261	GRANITE HARD			
8	261	271	GRANITE DECOMPOSED			X
8	271	280	GRANITE HARD			

RECEIVED

DEC 20 2004

IDWR/North

Completed Depth 280 (Measurable)
Date: Started 5/16/2003 Completed 5/18/2003

13. DRILLER'S CERTIFICATION:

We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name MCPHERSON & WRIGHT DRILLING Co. No. 0376

Firm Official Ted Wright Date 12/2/2003

and _____

Driller or Operator May Wright Date 12/2/2003

(Sign once if Firm Official & Operator)

40 N 5 W 18

FORWARD WHITE COPY TO WATER RESOURCES