

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 0028515
 DRILLING PERMIT NO. 805392 **RECEIVED**
 Water Right or Injection Well No. _____
OCT 06 2003

2. OWNER:
 Name Russ Qualls IDWR/North
 Address 2040 Hwy. 95 N.
 City Moscow State Id. Zip 83843

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. 5 SW 1/4 NW 1/4 SE 1/4
 Gov't Lot _____ County Latah 160 acres

Lat: _____ Long: _____
 Address of Well Site same City _____

(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
Bentonite	0	95	450lbs	Dry

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 206'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	206	150	Steel	☒	☐	☒	☐
4"	-20	380	200	PVC	☐	☒	☐	☐

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
300'	320	1/8"x8"	33	4"	PVC	☐	☒

10. FILTER PACK

Filler Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

205 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>approx 100</u>		<u>700</u>	<u>30 min.</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	95	overburden		
6"	95	206	overburden		
6"	206	357	basalt firm		
6"	357	358	shale		
6"	358	367	Porus basalt		
6"	367	369	shale		
6"	369	416	clay		
6"	416		sand		

RECEIVED

SEP 15 2003

IDWR/North

Completed Depth 400 (Measurable)

Date: Started 7/30/03 Completed 8/7/03

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 Watt Date 8/7/03

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

39N 5W 5

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED
MAR 17 2021