

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 0039839
DRILLING PERMIT NO. 833050
Water Right or Injection Well No. _____

2. OWNER:
Name Stella Oleson Estate
Address 4390 Lenville Rd
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. 23 SW 1/4 SE 1/4 SW 1/4
Gov't Lot _____ County Latah
Lat: _____ Long: _____
Address of Well Site 2 miles on Lenville Rd
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 Bentonite From 0 To 104 Weight / Volume 600 lbs Seal Placement Method Dry
Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 104
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:
Diameter From To Gauge Material Casing Liner Welded Threaded
8 +1 104 258 Steel ☒ ☐ ☒ ☐
6 -13 303 160 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
244 303 1/2 x 6" 64 6" PVC ☐ ☒
☐ ☐ ☐ ☐

10. FILTER PACK
Filter Material From To Weight / Volume Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
54 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. approx 1 Drawdown _____ Pumping Level 295 Time 1 Hr.
Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	15	overburden		
10	15	102	Decomposed granit		
10	102	104	granit, soft		
8	104	133	soft granit		
8	133	144	granit firm		
8	144	164	soft granit		
8	164	173	granit firm		
8	173	195	soft granit		
8	195	240	granit firm		
8	240	244	soft granit		
8	244	303	granit firm		

RECEIVED
JUN - 12 - 05
IDWR North

SCANNED
MAR 26 2021

Completed Depth 303 (Measurable)
Date: Started 5/2/05 Completed 5/1/05

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 Witt Date 5/29/05
and _____ Date _____
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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