

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.**1. WELL OWNER**Name Fran A. Crossen
Address 3451 AS 1800 Wendell Rd
Drilling Permit No. 36 93-J-0218
Water Right Permit No. _____**7. WATER LEVEL**Static water level 70 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 75 °F. Quality _____
Describe artesian or temperature zones below.**2. NATURE OF WORK**☒ New well ☐ Deepened ☒ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures
such as liners, screen, materials, plug depths, etc. in lithologic
log, section 9.)**8. WELL TEST DATA**☐ Pump ☐ Bailor ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped

3. PROPOSED USE☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☒ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)**9. LITHOLOGIC LOG**

70296

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	9	Top Soil		
8	9	19	Gray Lacc		
6	19	21	"		
4	21	42	Gravel		
4	42	63	Gray Lacc		
6	63	86	Gravel		
6	86	92	Gray Lacc		
8	92	107	Soft broken b/lacc	X	
8	107	109	Hard no Peluris		
8	109	111	Soft broken	X	
8	111	116	Gravel		
8	116	124	Soft broken + Gravel	X	
8	124	125	Hard		
8	125	130	Hard	X	

4. METHOD DRILLED☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)**5. WELL CONSTRUCTION**Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
25 inches	6 inches	1 foot	19 feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☐ Yes ☒ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun

Size of perforation? _____ inches by _____ inches

Number _____ From _____ To _____

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer _____ Type _____

Top Packer or Headpipe _____

Bottom of Tailpipe _____

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 depth 19' Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit☐ Temp. surface casing ☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☐ Welded☐ Solvent Weld ☐ Cemented between strataDescribe access port Sanitary Well Cap**10.**Work started 6-9-93 finished 6-9-93**11. DRILLER'S CERTIFICATION**I/We certify that all minimum well construction standards were
compiled with at the time the rig was removed.Firm Name Eaton Drilling Firm No. 26Address Wendell Date 6-10-93Signed by Drilling Supervisor [Signature]

and _____

(Operator) [Signature]

(If different than the Drilling Supervisor)

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____

Lot No. _____ Block No. _____

County GoodingAddress of Well Site Same

(give at least name of road)

T. 8 N ☐ or S ☒Sec. 30 E ☒ or W ☐