

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

95728

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

1. WELL TAG NO. D 000 8041
DRILLING PERMIT NO. 47-99-S-0047-200
Other IDWR No. _____

2. OWNER:

Name Barry Dueke
Address 1295 E 3400 N
City Castleford State ID Zip 83321

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N	
Twp. <u>11</u> North ☐ or South ☒	
Rge. <u>14</u> East ☒ or West ☐	
Sec. <u>10</u> 1/4 <u>NE</u> 1/4 <u>NE</u> 1/4	
Gov't Lot _____	County <u>BLaine Falls</u>
Lat: _____	Long: _____
Address of Well Site <u>SAME</u>	
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/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	19	200 ^{lbs}	

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	19	25	STEEL	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe 11 Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

☐ Pump ☐ Bailor☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30-40			

Water Temp. 85.0 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter _____

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

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	6	Top Soil		
8	6	9	SI Cinders		
8	9	19	SI LAUA		
6	19	44	1' 1'		
	44	45	Broken		
	45	51	SI LAUA		
	51	52	CINDERS		
	52	71	SI LAUA		
	71	80	Med hard + breaks	X	
	80	104	SI LAUA		
	104	112	Med hard + breaks	X	
	112	169	SI LAUA		
	169	174	Red Ash		
	174	190	SI LAUA		
	190	194	Broken + TALC		
	194	200	Med hard bl LAUA		
	200	224	SI LAUA		
	224	226	Broken + TALC	X	
	226	244	SI LAUA		
	244	250	Red Ash	X	
	250	256	SI LAUA		
	256	260	Cinders + TALC		
	260	265	SI LAUA		

RECEIVED

APR 28 1999

APR 05 1999

Department of Water Resources

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Completed _____ Depth 265 (Measurable)
Date: Started 3-30-99 Completed 3-30-99

13. DRILLER'S CERTIFICATION

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

Company Name Eaton Drilling Firm No. 26Firm Official Long Nelson Date 3-31-99and Driller or Operator Dave Coy Date 3-30-99

(Sign once if Firm Official & Operator)