

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

DATER



State 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.

<p>1. WELL OWNER</p> <p>Name <u>Mike Brady</u></p> <p>Address <u>PO Box 1398 Boise 83701</u></p> <p>Owner's Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>40</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality _____</p> <p><i>Describe artesian or temperature zones below.</i></p>																																								
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">30</td> <td style="text-align: center;">41</td> <td style="text-align: center;">1/2</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	30	41	1/2																																		
Discharge G.P.M.	Pumping Level	Hours Pumped																																							
30	41	1/2																																							
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">6</td> <td style="text-align: center;">0</td> <td style="text-align: center;">40</td> <td>sandy topsoil</td> <td style="text-align: center;">X</td> <td style="text-align: center;"> </td> </tr> <tr> <td> </td> <td style="text-align: center;">40</td> <td style="text-align: center;">45</td> <td>hard brown clay</td> <td style="text-align: center;"> </td> <td style="text-align: center;">X</td> </tr> <tr> <td> </td> <td style="text-align: center;">45</td> <td style="text-align: center;">70</td> <td>broken lava</td> <td style="text-align: center;">X</td> <td style="text-align: center;"> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	6	0	40	sandy topsoil	X			40	45	hard brown clay		X		45	70	broken lava	X													
Bore Diam.	Depth		Material	Water																																					
	From	To		Yes	No																																				
6	0	40	sandy topsoil	X																																					
	40	45	hard brown clay		X																																				
	45	70	broken lava	X																																					
<p>4. METHOD DRILLED</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>	<div style="text-align: center; border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>RECEIVED</p> <p>DEC 11 1986</p> <p>Department of Water Resources</p> </div>																																								
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">.250 inches</td> <td style="text-align: center;">6 inches</td> <td style="text-align: center;">+ 1 feet</td> <td style="text-align: center;">14.6 feet</td> </tr> <tr> <td style="text-align: center;">.188 inches</td> <td style="text-align: center;">5 inches</td> <td style="text-align: center;">40 feet</td> <td style="text-align: center;">70 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>How perforated? <input checked="" type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation <u>4</u> inches by <u>1/8</u> inches</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">200 perforations</td> <td style="text-align: center;">50 feet</td> <td style="text-align: center;">70 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>30</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing</p> <p><input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p>	Thickness	Diameter	From	To	.250 inches	6 inches	+ 1 feet	14.6 feet	.188 inches	5 inches	40 feet	70 feet					Number	From	To	200 perforations	50 feet	70 feet				<p>10.</p> <p>Work started <u>10/24/86</u> finished <u>10/28/86</u></p>															
Thickness	Diameter	From	To																																						
.250 inches	6 inches	+ 1 feet	14.6 feet																																						
.188 inches	5 inches	40 feet	70 feet																																						
Number	From	To																																							
200 perforations	50 feet	70 feet																																							
<p>6. LOCATION OF WELL</p> <p>Sketch map location <u>must</u> agree with written location.</p> <div style="text-align: center;"> </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>Ada</u></p> <p>Sec. <u>30</u> T. <u>5</u> N. S. R. <u>2</u> E. W.</p>	<p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>W.E. Stevens & Sons</u> Firm No. <u>153</u></p> <p>Address <u>3709 Hawthorne Drive</u> Date <u>11/20/86</u></p> <p>Signed by (Firm Official) <u>Wayne Stevens</u></p> <p style="text-align: center;">and</p> <p>(Operator) <u>Ron Stevens</u></p>																																								