

Form 208-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

22

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____	_____	Long: _____	_____

1. WELL TAG NO. D 0037928
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Bill Fieldstead / Neilson Engineering
Address 932 9th Ave North
City Edgemoor State Idaho Zip 98020

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 5 North ☒ or South ☐
Rge. 46 East ☒ or West ☐
Sec. 5 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County _____
Lat: _____ Long: _____
Address of Well Site 400 N 185 E West side
City Driggs
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
<u>Bentonite</u>	<u>0'</u>	<u>18'</u>	<u>250 lbs.</u>	

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
<u>6"</u>	<u>0'</u>	<u>80'</u>	<u>.250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation _____

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

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

90 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

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
8"	0'	10'	clay		1
8"	10'	20'	clay/gravel		1
8"	20'	25'	clay		1
8"	25'	40'	sand/gravel		1
8"	40'	50'	clay/gravel	1	
8"	50'	80'	rock/chert		1
6"	80'	105'	black rock		1
6"	105'	120'	rock-fracture at 125'	1	
6"	120'	242'	rock		1
6"	242'	260'	broken rock	1	
	260'	340'	rock		1
	340'	350'	crevas	1	
	350'	400'	fractured rock	1	

RECEIVED

101 2 5 2006

Department of Water Resources
Edgemoor, Idaho

Completed Depth 400' (Measurable)
Date: Started 7-7-06 Completed 7-10-06

14. DRILLER'S CERTIFICATION

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

Company Name Denning Drilling Firm No. 518
Principal Driller Alvin Denning Date 7-10-06
and Driller or Operator II Alvin Denning Date 7-10-06
Operator I _____ Date _____

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