

State of Idaho
Department of Water Resources

RECEIVED

JAN 16 1997

WATER RESOURCES
WESTERN REGION

APPLICATION FOR
REPAIR () OR ABANDONMENT (X) OF A WELL

RECEIVED

JAN 24 1997

1. LEGAL CONTACT (Owner or Operator)

Department of Water Resources

Date: 4-12-95Name: Martins Well Service Jr Simpler Co. Phone Number 356-834 336-2110Mailing Address: 301 W 6800 S PO Box 27City: Reynolds Borise State Id Zip Code 83440
83707

2. WELL LOCATION

SE 1/4 NE 1/4 _____ 1/4, Section 6, Township 4th S, Range 4th E,
County ElmoreStreet Address of Well Site: Grandview

Subdivision Name _____ Lot _____, Block _____

3. TYPE OF WELL

() Water Supply

() Monitoring

() Injection

(X) Other Irrigation

Describe

4. WELL SPECIFICATIONS

Drilling Permit Number 61-93-W-0004-000Water Right Number 61-2165

Well Log on File? (X) Yes () No

Casing Size: 4" Material: Steel Temperature: 62°

Casing Height Above Ground: _____

Flowing Artesian? () Yes (X) No

Static Water Level: 223ft (Measured) Well Depth: 500 ft (Measured)

Remarks: _____

5. CONDITION OF WELL, REPAIRS REQUIRED

6. PROPOSED METHODS OF REPAIR OR ABANDONMENT

(This Permit must be approved prior to commencement of operations).

filled well with brown clay 500' to 400' Filled with sand & Gravel 400'-280'
filled with brown clay 280'-60' filled with gravel and sand 60'-20'
filled with brown clay to 20'- surface
removed all casing.

7. DATE OF PROPOSED REPAIR OR ABANDONMENT

8-20-93 - ⁸⁻²⁸⁻⁹³8-28-93

8. APPLICANT'S SIGNATURE

[Signature]

DATE: 4-12-95

Title

OWNER

(Owner, Firm Representative, Other)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

APPROVED

This Permit is _____

Date

1-21-97

CONDITIONS OF APPROVAL:

1. Pursuant to Section 42-238(4), Idaho Code. All repairs and/or abandonment must meet the requirements of the Department's Rules and Regulations for Well Construction Standards.

[Signature]

Signature of Authorized Department Representative

1-21-97

Date