

RECEIVED

pp 886312

Form 238-7
11/97 JGE

DEC 09 2004

IDAHO DEPARTMENT OF WATER RESOURCES
Department of Water Resources
Southern Region

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0034559

DRILLING PERMIT NO. _____

Other IDWR No. _____

2. OWNER:

Name Stanley LehmannAddress 1743 E. 3000 S.City WendellState ID Zip 83355

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>4</u>		North ☐ or South ☒	
W		Rge. <u>19</u>		East ☒ or West ☐	
E		Sec. <u>28</u>		1/4 <u>NE</u> 1/4 <u>NE</u> 1/4	
S		Gov't Lot _____		County <u>Lincoln</u>	
		Lat: _____		Long: _____	
		Address of Well Site <u>1048 E. 820 N.</u>			

City Richfield

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 replacement

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.		dry pour

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	.250	steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe 1'

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:

390 ft. below ground

Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: wall cap

11. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. <85Bottom hole temp. <85

Water Quality test or comments: _____

Depth first Water Encounter _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	12	top soil & clay			
8	12	19	hard lava			
6	19	23	medium lava			
6	23	41	medium lava & breaks			
6	41	56	medium lava			
6	56	58	soft lava & breaks			
6	58	74	medium lava			
6	74	76	medium lava & breaks			
6	76		medium soft lava & cinder			
		119	pockets			
6	119	125	soft broken lava & cinders			
6	125	164	medium soft lava			
6	164	167	cinders			
6	167	182	medium soft lava			
6	182	188	cinders			
6	188	221	medium soft lava			
6	221	236	medium lava			
6	236	249	soft lava & clay			
6	249	261	medium soft lava			
6	261	303	hard lava			
6	303	306	medium soft lava			
6	306	315	soft lava, clay & ash			
6	315	360	medium hard lava			
6	360	387	medium soft lava			
6	387	393	soft lava, breaks & cinders	X		
6	393	396	medium lava			
6	396	400	soft lava			
6	400	410	medium soft lava			
6	410	414	soft lava & breaks	X		
6	414	418	medium soft lava			
6	418	422	soft lava & cinders	X		
6	422	427	medium soft lava			
6	427	500	medium hard lava & breaks	X		
6	500	540	medium soft lava & breaks	X		
6	540	541	soft lava & cinders	X		
6	541	555	medium soft lava			

Continued on next page

Completed Depth 575'

(Measurable)

Date: Started 11/26/2004Completed 11/28/2004

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 & pump Service, Inc.Firm No. 26

Firm Official _____

Date 11/28/2004

and _____

Driller or Operator _____

Date 11/28/2004

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

