

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____
☒ Air ☐ Flowing Artesian

1. DRILLING PERMIT NO.

Other IDWR No. 00021726

2. OWNER:

Name Bruce Hathaway
Address 814 200 N
City Malad State ID Zip 83252

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W E S
Twp 14 North ☐ or South ☒
Rge 36 East ☒ or West ☐
Sec 22 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County Oneida 10 acres 160 acres
Lat: _____ Long: _____
Address of Well Site 3rd East
City Malad
(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		
<u>BENTONITE</u>	<u>0</u>	<u>18</u>	<u>16 Bags</u>		

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 160
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>1"</u>	<u>1</u>	<u>159</u>	<u>25.0</u>	<u>STEEL</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

- ☒ Perforations Method rotary
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>143</u>	<u>155</u>	<u>1/2"</u>	<u>6</u>	<u>4</u>	<u>STEEL</u>	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure NA lb.
Depth flow encountered NA ft. Describe access port or control devices: NA

11. WELL TESTS:

- ☐ Pump ☐ Bailor

Yield gal./min.	Drawdown	Pumping Level	Time
<u>18</u>	<u>NA</u>	<u>120</u>	<u>2 hrs</u>

Water Temp. 66.6 Bottom hole temp. NA
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10"</u>	<u>0</u>	<u>18</u>	<u>BROWN CLAY + GRAVEL</u>		☒
<u>6"</u>	<u>18</u>	<u>40</u>	<u>SAND GRAVEL</u>		☒
	<u>40</u>	<u>121</u>	<u>BLUE CLAY</u>		☒
	<u>121</u>	<u>125</u>	<u>SAND WHITE CLAY</u>	☒	
	<u>125</u>	<u>131</u>	<u>GRAVEL WHITE CLAY</u>	☒	
	<u>131</u>	<u>150</u>	<u>WHITE CLAY</u>		☒
	<u>150</u>	<u>160</u>	<u>SHALE SANDSTONE GRAVEL</u>	☒	

Completed Depth 143' (Measurable)
Date: Started 11-14-01 Completed 11-19-01

13. DRILLER'S CERTIFICATION

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

Firm Name Mountain West Well Drilling Firm No. _____

Firm Official Michael Frandsen Date 11-19-01

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

MOUNTAIN WEST WELL DRILLING

P.O. BOX 487 • LAVA HOT SPRINGS, IDAHO 83246
PHONE (208) 776-5322

486

STATEMENT

CUSTOMER NAME Bruce Hathaway DATE 11-19-01
ADDRESS 81 W 200 N Malad ID 83252

PHONE _____

QUANTITY	DESCRIPTION	PRICE	AMOUNT	
160'	Drilling 15.00 per foot		2400	00
160'	6" pipe 7.00 per foot		1120	00
1	6" Drive shoe		100	00
1	6" Well cap		40	00
1	Drilling permit		75	00
	Well seal		100	00
	<u>total</u>		3835	00
TOTAL DUE			\$3835	00

AGREEMENT

TERMS: NET 30 DAYS I, The undersigned agree to these terms and agree to pay 1½% per month service charge on all past due accounts, and a reasonable attorney's or collection fee in case of forced collection, with or without suit.

X SIGNATURE _____

Thank You