

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0072234
Drilling Permit No. 879786
Water right or injection well # _____

2. OWNER:
Name Dave + Wanda Jeffries
Address 525 Cavalier Ct.
City Green Acres State WA Zip 98016

3. WELL LOCATION:
Twp. 5N North ☒ or South ☐ Rge. 04 East ☐ or West ☒
Sec. 31 1/4 50 1/4 55 1/4

Gov't Lot _____ County Banner
Lat. 48 ° 14 ' 51 " (Deg. and Decimal minutes)
Long. 116 ° 52 ' 30 " (Deg. and Decimal minutes)
Address of Well Site 1385 Robinson Drive
City Prigent River
(Give at least name of road + Distance to Road or Landmark)
Lot. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:
☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:
☐ Air Rotary ☐ Mud Rotary ☒ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite	0	38	750	Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	15	75	250	steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 75

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method _____
Manufactured screen ☒ Y ☐ N Type stainless steel
Method of installation Hammer Back

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
75	80	20	5'	5"	SS	304

Length of Headpipe 2' Length of Tailpipe _____
Packer ☒ Y ☐ N Type K-packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
NA				

11. FLOWING ARTESIAN:
Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) _____ Static water level (ft) 6'
Water temp. (°F) cold Bottom hole temp. (°F) _____
Describe access port Well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	50+	2 hrs

Test method:
☒ Pump ☒ Bailer ☐ Air ☐ Flowing artesian

Water quality test or comments: good

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	0	3	Brown clay		X
10	3	10	cobbles + sand		X
10	10	40	Blue clay		X
6	40	70	Blue silt	X	
6	70	80	coarse sand + gravel	X	

RECEIVED

SEP 14 2015

IDWR / NORTH

Completed Depth (Measurable): 80'
Date Started: 8.10.16 Date Completed: 8.21.16

14. DRILLER'S CERTIFICATION:
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Pioneer Well Drilling Co. No. 725

*Principal Driller John M. [Signature] Date 8.21.16

*Driller John M. [Signature] Date 8.21.16

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.