

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
RECEIVED

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

1. WELL TAG NO. D 0028359
DRILLING PERMIT NO. 801541
Water Right or Injection Well No. _____

AUG 21 2003

12. WELL TESTS:

☐ Pump ☒ Bailer

☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8+	10'	55'	1 hr

Water Temp. 10.12

Bottom hole temp. _____

Water Quality test or comments: _____

2. OWNER

Name Bill Milford
Address 228 Sherwood Beach Loop
City Coolin State ID Zip 83821

IDWR/North

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 39 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 3 1/4 SW 1/4 SE 1/4
Gov't Lot _____
County Bonneville

Lat: _____ Long: _____

Address of Well Site Same City Coolin

(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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

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>	<u>Templating</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 41

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>61</u>	<u>20</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type R-packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Telescoping Johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>61</u>	<u>65</u>	<u>15</u>	<u>30A</u>	<u>6</u>	<u>SS</u>	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

59N 4W 3

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
8	0	18	Gravel	X
6	18	30	Gravel	X
6	30	60	Gravel mud.	X

Completed Depth 60' (Measurable)

Date: Started 5-13-03 Completed 5-15-03

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 Carl P. Jones & Sons Firm No. 168

Principal Driller Steve P. Jones Date 5/30/03

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES