

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>VAL GILSON</u> Address <u>R# Box 357 GILSON</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>31</u> feet <u>Department of Water Resources</u> Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____																																																																													
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____		8. WELL TEST DATA ☐ Pump ☐ Bailer ☐ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____																																																																													
3. PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type) _____		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>16"</td><td>1</td><td>20</td><td>Gray LAVA</td><td></td><td>X</td></tr><tr><td>16"</td><td>20</td><td>30</td><td>Broken Red LAVA + CLAY</td><td></td><td>X</td></tr><tr><td>16"</td><td>30</td><td>32</td><td>Coarse Red LAVA</td><td></td><td>X</td></tr><tr><td>16"</td><td>32</td><td>54</td><td>First WHITE</td><td></td><td>X</td></tr><tr><td>16"</td><td>54</td><td>95</td><td>Hard GRAY LAVA</td><td></td><td>X</td></tr><tr><td>16"</td><td>95</td><td>130</td><td>" " " "</td><td></td><td>X</td></tr><tr><td>16"</td><td>130</td><td>140</td><td>BROKEN GRAY LAVA + CLAY</td><td></td><td>X</td></tr><tr><td>16"</td><td>140</td><td>144</td><td>SMOKE WATER ROSE CUTTING</td><td></td><td>X</td></tr><tr><td>16"</td><td>144</td><td>148</td><td>STICKY BROWN CLAY</td><td></td><td>X</td></tr><tr><td>16"</td><td>148</td><td>150</td><td>SOME BLUE CLAY</td><td></td><td>X</td></tr><tr><td>16"</td><td>150</td><td></td><td>HARD LAVA</td><td></td><td>X</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	16"	1	20	Gray LAVA		X	16"	20	30	Broken Red LAVA + CLAY		X	16"	30	32	Coarse Red LAVA		X	16"	32	54	First WHITE		X	16"	54	95	Hard GRAY LAVA		X	16"	95	130	" " " "		X	16"	130	140	BROKEN GRAY LAVA + CLAY		X	16"	140	144	SMOKE WATER ROSE CUTTING		X	16"	144	148	STICKY BROWN CLAY		X	16"	148	150	SOME BLUE CLAY		X	16"	150		HARD LAVA		X
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4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____		10. WORK STARTED Work started <u>5/3/84</u> finished <u>5/23/84</u>																																																																													
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness <u>321</u> inches Diameter <u>14</u> inches From <u>1</u> feet To <u>75</u> feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☒ Yes ☐ No Perforated? ☒ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☒ Torch Size of perforation <u>14</u> inches by <u>12</u> inches Number <u>21</u> perforations From <u>50</u> feet To <u>75</u> feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>20</u> Material used in seal: ☐ Cement grout ☒ Well cuttings Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld Describe access port <u>2"</u> <u>RIP-2</u>		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>PAUL FUNDSTADTSON</u> Firm No. <u>398</u> Address <u>Box 637 LAVA</u> Date <u>5/25/84</u> Signed by (Firm Official) <u>Paul Fundstad</u> and (Operator) <u>Paul Fundstad</u>																																																																													
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>CARIBOU</u> <u>NE 1/4 Sec. 18, T. 9, R. 42 E.</u>																																																																															

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT