

For 9/89  
**DEFERRED**  
 OCT 18 1989

STATE OF IDAHO  
 DEPARTMENT OF WATER RESOURCES  
**WELL DRILLER'S REPORT**

**RECEIVED**  
 USE TYPEWRITER OR BALLPOINT PEN  
 NOV 24 1989

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.

**RECEIVED**  
 OCT 18 1989  
 P. ANTHONY  
 REGIONAL  
 p.s.i. IDWR

**1. WELL OWNER**  
 Name Greg Swenson  
 Address Dreary Idaho  
 Owner's Permit No. 86-89-E-19

**7. WATER LEVEL**  
 Static water level 94 feet below land surface.  
 Flowing?  Yes  No  
 Artesian closed-in pressure \_\_\_\_\_  
 Controlled by:  Valve  Cap  Plug  
 Temperature \_\_\_\_\_ °F. Quality \_\_\_\_\_  
 Describe artesian or temperature zones below.

**2. NATURE OF WORK**  
 New well  Deepened  Replacement  
 Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

**8. WELL TEST DATA**  
 Pump  Bailer  Air  Other \_\_\_\_\_

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>30 GPM</u>		

**3. PROPOSED USE**  
 Domestic  Irrigation  Test  Municipal  
 Industrial  Stock  Waste Disposal or Injection  
 Other \_\_\_\_\_ (specify type)

**9. LITHOLOGIC LOG**

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	0	3	broken basalt		<input checked="" type="checkbox"/>
	3	27	med basalt		<input checked="" type="checkbox"/>
	27	170	somewhat broken very hard grey basalt		<input checked="" type="checkbox"/>
1"	170	173	clay grey		
	173	180	sand quartz and some mica		<input checked="" type="checkbox"/>
	180	185	clay		

*Legal Description*

**4. METHOD DRILLED**  
 Rotary  Air  Hydraulic  Reverse rotary  
 Cable  Dug  Other \_\_\_\_\_

**5. WELL CONSTRUCTION**  
 Casing schedule:  Steel  Concrete  Other \_\_\_\_\_

Thickness	Diameter	From	To
<u>.850</u> inches	<u>by 6"</u> inches	<u>0</u> feet	<u>20</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ 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 \_\_\_\_\_ inches by \_\_\_\_\_ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed?  Yes  No  
 Manufacturer's name \_\_\_\_\_  
 Type \_\_\_\_\_ Model No. \_\_\_\_\_  
 Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Diameter \_\_\_\_\_ Slot size \_\_\_\_\_ Set from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Gravel packed?  Yes  No  Size of gravel \_\_\_\_\_  
 Placed from \_\_\_\_\_ feet to \_\_\_\_\_ feet  
 Surface seal depth \_\_\_\_\_ Material used in seal:  Cement grout  
 Bentonite  Puddling clay  \_\_\_\_\_  
 Sealing procedure used:  Slurry pit  Temp. surface casing  
 Overbore to seal depth  
 Method of joining casing:  Threaded  Welded  Solvent Weld  
 Cemented between strata  
 Describe access port \_\_\_\_\_

**10.** Work started \_\_\_\_\_ finished \_\_\_\_\_

**6. LOCATION OF WELL**  
 Sketch map location must agree with written location

Subdivision Name \_\_\_\_\_  
 Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_

County Satah  
SE 1/4 SW 1/4 Sec. 26, T. 40 N18, R. 2 EW.

**MICROFILMED**  
 AUG 13 1990

**11. DRILLERS CERTIFICATION** DL

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

Firm Name Whitcomb Well Drilling Firm No. 125  
 Address Fenn, Ida Date 8, 7, 89  
 Signed by (Firm Official) Ray Whitcomb  
 and  
 (Operator) Van Whitcomb