Form 238-7
11/97

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

058777

Office Use Only
Inspected by _____
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D 0009940
DRILLING PERMIT NO. 63-99-W-0714-000
Other IDWR No. _____

2. OWNER:
Name Doug Gmick
Address 6108 Canyon Ave.
City Wilder State ID Zip 83676

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S

Twp. 4 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 22, ____ 1/4 (10 acres) NW 1/4 (40 acres) SW 1/4 (160 acres)
Gov't Lot ____ County Canyon
Lat: : : Long: : :
Address of Well Site 6108 Canyon
City Wilder
(Give at least name of road) Distance to Road or Landmark
Lot 001 Blk. 001 26645 Desert Hills Dr
Sub. Name Cherry Sub #2

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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	0	21	800	Dry pour

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ☒ Y ☐ N How? No Blow by

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10"	+3	237	.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
Perforations Method _____
Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
N/A						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
150 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: Sanitary Well Cap

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20	N/A	220'	4 HRS

Water Temp. 62 Bottom hole temp. _____
Water Quality test or comments: _____
Depth first Water Encounter _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
10"	0	1	Top Soil		X
10"	1	5	Hard Pan		X
10"	5	21	Sand & Gravel		X
10"	21	34	Sand & Gravel		X
10"	34	41	Sand, Med. Grain		X
10"	41	134	Sand & Clay Layers	X	
10"	134	171	Sand & Gravel		X
10"	171	187	Sand med.		X
10"	187	190	Brown Clay		X
10"	190	234	Sand	X	
10"	234	246	Blue Clay		X
10"	246	247	Sand	X	

RECEIVED
SEP 09 1999
Department of Water Resources

MICROFILMED
NOV 30 1999

RECEIVED
SEP [illegible]
Department of Water Resources

Completed Depth 247' (Measurable)
Date: Started 83-99 Completed 92-99

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

Company Name Riverside Inc. Firm No. 333
Firm Official _____ Date _____
and
Driller or Operator _____ Date 9-7-99
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES