Form 238-7
11/97

# IDAHO DEPARTMENT OF WATER RESOURCES
# WELL DRILLER'S REPORT 058778

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

**1. WELL TAG NO.** D 0009616
DRILLING PERMIT NO. 63-99-W 0679-000
Other IDWR No. _____

**2. OWNER:**
Name VIRGIL & JEANINE CORNWELL
Address 20290 FARGO RD.
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, ____ (10 acres) 1/4 NW (40 acres) 1/4 SW (160 acres) 1/4
Gov't Lot ____ County CANYON
Lat: : : Long: : :
Address of Well Site 20290 FARGO RD.
(Give at least name of road + Distance to Road or Landmark)
City WILDER

Lt. _____ Blk. _____ Sub. Name _____

**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 | 18 | 7 | GROUT |
| | | | | |
| | | | | |

Was drive shoe used? ■ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ■ Y ☐ N How? BAILED

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6 | +1 | 160 | 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 |
|---|---|---|---|---|---|---|---|
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |
| | | | | | | ☐ | ☐ |

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

**11. WELL TESTS:**
☐ Pump ■ Bailer ☐ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 15 | 10 | 125 | 2 HRS. |
| | | | |
| | | | |

Water Temp. 60° Bottom hole temp. _____
Water Quality test or comments: 14 GRNS.
Depth first Water Encounter _____

**12. LITHOLOGIC LOG:** (Describe repairs or abandonment)

| Bore Dia. | From | To | Remarks: Lithology, Water Quality & Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 6 | 0 | 36 | BLACK SAND | | — |
| | 36 | 145 | SANDY BROWN CLAY | | — |
| | 145 | 147 | SANDY BLUE CLAY | | — |
| | 147 | 154 | BROWN SAND | | — |
| | 154 | 165 | BLUE CLAY | | — |
| | 165 | | BLACK SAND | — | |

RECEIVED
SEP 21 1999
WATER RESOURCES
WESTERN REGION

RECEIVED
SEP 22 1999
Department of Water Resources

MICROFILMED
NOV 2 0 2000

Completed Depth 165 (Measurable)
Date: Started 8-20-99 Completed 8-24-99

**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 KEITH METZER DRL Firm No. 93
Firm Official _____ Date 9-7-99
and
Driller or Operator _____ Date 9-7-99
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES