

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

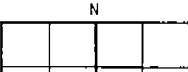
Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D 0010987
 DRILLING PERMIT NO. 63-99-N-0979-006
 Other IDWR No. _____

2. OWNER:
Name J.R. Simplot Co. Food Group
Address P.O. Box 1059
City Caldwell State Id Zip 83606-1059

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 4 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 23 1/4 NE 1/4 SW 1/4
 Gov't Lot _____ County Lawson 10 acres 40 acres 180 acres
 Lat. : : Long. : :
 Address of Well Site Nth of Hwy 19,
W of Pinto Lane City Caldwell
 (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 (Replacement etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☐ Air Rotary ☐ Cable ☐ Mud Rotary ☒ Other Hollow Stem Auger

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Concrete	0	2	7 bgs	
Bentonite Chips	2	4	1 ds	
20/40 SAND	4	15	6 lbs	

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
2"	+2.5	5		PVC	☐	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe_____ Length of Tailpipe_____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
 Screens _____ Screen Type Johnson Sch 40

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
5	15	.010		2"	PVC	☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

5.8 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 5.8 ft. Describe access port or
control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time

Water Temp. 54°F Bottom hole temp. 54°F
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth first Water Encounter 5.8

[illegible]

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 Environmental West Exp Firm No. 485

Firm Official [Signature] Date 12/6/99

Driller or Operator [Signature] Date 11/30/99

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

59516

