

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 Roger Sutton

Address Rt 2 Box 371 Eagle, Idh

Owner's Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6</u> inches	+ <u>2</u> feet	<u>18</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 18' 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 _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

Subdivision Name _____

Lot No. _____ Block No. _____

County Gem

7. WATER LEVEL

Static water level 60 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ °F. Quality _____

Describe artesian or temperature zones below.

8. WELL TEST DATA

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>5</u>		<u>2</u>
_____		_____
_____		_____

9. LITHOLOGIC LOG

86381

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	10	decomposed granite		x
8	10	18	granite		x
6	18	60	granite		x
6	60	190	fractured granite		x
6	190	195	decomposed granite	x	
6	195	230	fractured granite		x
6	230	238	decomposed granite	x	
6	238	250	fractured granite		x

RECEIVED
SEP 15 1986
Department of Water Resources
Western Regional Office

RECEIVED
SEP 15 1986
Department of Water Resources

10.

Work started 6-14-86 finished 6-14-86

11. DRILLERS CERTIFICATION

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

Firm Name Bill Doty Drilling & Pump Co. Firm No. 42

Address Rt 7 Box 311 Caldwell Date 8-19-86

Signed by (Firm Official) Bill Doty

and

(Operator) Bob Doty

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