Form 238-7
11/91

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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.

USE TYPEWRITER OR BALLPOINT PEN

1. WELL OWNER

Name Willie Joe or Verna Thompson

Address 20325 Batt Corner, Wilder, ID 83676

Drilling Permit No. 63-92-W-0742-000 200

Water Right Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☒ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

3. PROPOSED USE

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

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
.250 inches	6" inches	+ 1 feet	219 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 ☐ Gun
Size of perforation? _____ inches by _____ inches

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

Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

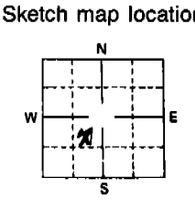
Diameter ____ Slot size ____ Set from ____ feet to ____ feet
Diameter ____ Slot size ____ Set from ____ feet to ____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 36' 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 Sanitary well cap

6. LOCATION OF WELL - 20325 Batt Corner, Wilder ID.

Sketch map location **must** agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Canyon

NE ¼ SW ¼ Sec. 22, T. 4N N ☐ S ☐ R. 5W E ☐ W ☐

7. WATER LEVEL

Static water level 157' feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 67 °F. Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
20	150'	2 hrs

082298

9. LITHOLOGIC LOG

Bore Diam.	Depth From	Depth To	Material	Water Yes	Water No
10"	0	34	Sand & gravel		x
6"	34	40	Brown clay		x
6"	40	49	Brown sand		x
"	49	53	Brown clay		x
"	53	63	Brown sand		x
"	63	70	Brown clay		x
"	70	80	Brown sand & clay		x
"	80	85	Brown clay		x
"	85	95	Brown sand		x
"	95	98	Brown clay		x
"	98	108	Brown sand, some clay		x
"	108	120	Brown sand		x
"	120	124	Brown clay		x
"	124	134	Brown sand		x
"	134	140	Brown clay		x
"	140	147	Brown sand		x
"	147	151	Brown clay		x
"	151	160	Brown clay & sand	x	
"	160	165	Brown sand & clay	x	
"	165	178	Brown sand & gravel	x	
"	178	209	Sand, pea gravel	x	
"	209	214	Blue clay		x
"	214	217	Black sand	x	
"	217	221	Blue clay		x
"	221		Black sand	x	

RECEIVED SEP 18 1992
RECEIVED SEP 23 1992
Department of Water Resources Regional Office
RECEIVED DEC 04 1992

10.

Work started 9-8-92 finished 9-10-92

11. DRILLER'S CERTIFICATION

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

Firm Name Riverside Drilling Firm No. 333
Address PO Box 720 Parma, ID 83660 Date 9-15-92
Signed by Drilling Supervisor _____
and
(Operator) _____
(If different than the Drilling Supervisor)

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