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Form 238-7
6/02IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D D0041988
DRILLING PERMIT NO _____
Water Right or Injection Well No. _____2. OWNER:
Name Alan + Susan Jacobus
Address PO Box 9559
City OLA State IO Zip 83307
83657

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub or Directions to well.

Twp. 10 North ☒ or South ☐
Rge 2 East ☒ or West ☐
Sec 7 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County Gem
Lat: _____ Long: _____
Address of Well Site 23700 ~~Timber Flat~~
Timber Flat City OLA
(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 _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>30</u>	<u>18</u>	<u>overbore</u>

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
<u>6"</u>	<u>12</u>	<u>18</u>	<u>350</u>	<u>Steel</u>	☒	☐	☒	☐
<u>5"</u>	<u>18</u>	<u>400</u>	<u>353</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>300</u>	<u>400</u>	<u>1/8</u>		<u>5"</u>	<u>Steel</u>	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft below ground Artesian pressure _____ lbDepth flow encountered 400 ft Describe access port or control devices: _____Turtle Cap

836299

Office Use Only

Well ID No. 406778
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ Long: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>5</u>	<u>400</u>	<u>400</u>	<u>4 hrs</u>

Water Temp 68 Bottom hole temp _____Water Quality test or comments: cloudy

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia	From	To	Remarks: Lithology Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>7</u>	<u>Red clay</u>		
<u>10</u>	<u>7</u>	<u>18</u>	<u>soft grey - Bar</u>		
<u>8</u>	<u>18</u>	<u>30</u>	<u>soft grey</u>		
<u>8</u>	<u>30</u>	<u>25</u>	<u>Hard grey</u>		
<u>8</u>	<u>25</u>	<u>78</u>	<u>Very Hard Grey</u>		
<u>8</u>	<u>78</u>	<u>80</u>	<u>Harder</u>		
<u>8</u>	<u>80</u>	<u>92</u>	<u>med Hard</u>		
<u>8</u>	<u>92</u>	<u>108</u>	<u>Very Hard</u>		
<u>8</u>	<u>108</u>	<u>140</u>	<u>med Hard</u>		
<u>8</u>	<u>140</u>	<u>182</u>	<u>Very Hard</u>		
			<u>W/ 1900 Apr TOOK</u>		
			<u>16 Hours</u>		
<u>6</u>	<u>182</u>	<u>333</u>	<u>med Hard Grey</u>		
<u>6</u>	<u>333</u>	<u>365</u>	<u>Loose Granite chunks</u>		
<u>6</u>	<u>365</u>	<u>400</u>	<u>soft Grey</u>		

RECEIVED

JAN 11 2006

WATER RESOURCES
WESTERN REGIONCompleted Depth 400 (Measurable)Date: Started 9-21-05 Completed 9-31-05

14. DRILLER'S CERTIFICATION

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

Company Name Highway Drilling Firm No. 623Principal Driller [Signature] Date 9-31-05

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II

FORWARD WHITE COPY TO WATER RESOURCES