8360936

Form 238-7 65
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. 407407
Inspected by
Twp ____ Rge ____ Sec ____
____ 1/4 ____ 1/4 ____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. D 0041989
DRILLING PERMIT NO.
Water Right or Injection Well No

2. OWNER:
Name Alan & Susan Jacobus
Address PO Box 9~~569~~
City OLA State ID Zip 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 (10 acres) SE 1/4 (40 acres) NW 1/4 (160 acres)
Gov't Lot ____ County Gem
Lat: : : Long: : :
Address of Well Site 23700 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
Bentonite	0	40	36	overbore

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
6"	+2	98	250	Steel	☑	☐	☑	☐
					☐	☐	☐	☐
4"	16 -	216	40	PVC	☐	☐	☐	☐

Length of Headpipe Length of Tailpipe
Packer ☑ Y ☐ N Type K Jak

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method
Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
15 ft below ground Artesian pressure ____ lb
Depth flow encountered 100 - 200 Describe access port or control devices:
Turtle cap

12. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60	216	216	1 hr

Water Temp Bottom hole temp.
Water Quality test or comments:
Depth first Water Encounter

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology Water Quality & Temperature	Water Y	Water N
10	0	13	Brown clay		
10 & 8	13	65	Soft Grey		
8	65	85	Hard Grey Green		
8	85	105	Hard Grey Black		
8	105	200	Hard Grey Blk & Quartz		
8	200	216	Algae green Quartz		

RECEIVED
JAN 11 2006
WATER RESOURCES
WESTERN REGION

Completed Depth 216 (Measurable)
Date: Started 10-12 Completed 10-15

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 Jim Purcell Firm No 623
Principal Driller Jim Purcell Date 10-15-05
and
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