

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

836 997

Office Use Only

Well ID No 407468

Inspected by

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: : : Long: : :

1. WELL TAG NO. D D0041990
DRILLING PERMIT NO _____
Water Right or Injection Well No. _____

2. OWNER:

Name Susan & Alan Jacobus
Address Po Box 9000
City OLA State ID Zip 83707
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 1 East ☒ or West ☐
Sec 24 1/4 NW 1/4 SE 1/4
Gov't Lot _____
County Ben 10 acres 40 acres 160 acres

Lat: : : Long: : :
Address of Well Site 22355 Hi Valley Rd.
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>18</u>	<u>16</u>	<u>over Bore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 305

Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>305</u>	<u>24</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>265</u>	<u>485</u>	<u>40</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>385</u>	<u>485</u>	<u>1/4</u>	<u>40</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

320 ft. below ground Artesian pressure _____ lb

Depth flow encountered 400-485 ft. Describe access port or control devices: _____

well cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>	<u>485</u>	<u>485</u>	<u>1 hr</u>

Water Temp _____ Bottom hole temp _____

Water Quality test or comments: _____

Depth first Water Encounter 400

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>18</u>	<u>Brown - Red clay</u>		
<u>8</u>	<u>18</u>	<u>33</u>	<u>"</u>		
<u>8</u>	<u>33</u>	<u>305</u>	<u>Granite + clay strips</u>		
			<u>Very Hard</u>		
<u>6</u>	<u>305</u>	<u>485</u>	<u>Granite</u>	<u>1</u>	

RECEIVED

JAN 11 2006

WATER RESOURCES
WESTERN REGION

Completed Depth 485 (Measurable)

Date: Started 10-20 Completed 10-26-05

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 Jim Dwyer Firm No 623

Principal Driller Jim Dwyer Date 10-28-05

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II