

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT



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

1. WELL TAG NO. D 0048239
DRILLING PERMIT NO. 847359
Water Right or Injection Well No. _____

2. OWNER:
Name Earl Aldrich
Address 1121 Old Avon Rd
City Deary State Id Zip 83823

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 40 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 1 NW 1/4 NE 1/4 NW 1/4
Gov't Lot _____ County Latah
Lat: _____ Long: _____
Address of Well Site Old Avon Rd 7 miles out
City Deary
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>3 bags</u>	<u>Drop</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" +2</u>	<u>18</u>	<u>258</u>	<u>steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>4 1/2 -15</u>	<u>360</u>	<u>160</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method raw cut
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>333</u>	<u>375</u>	<u>1/4 x 3/100</u>	<u>4 1/2</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

190 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

Top of well
40N 3W 1

12. WELL TESTS:

Yield gal / min	Drawdown	Pumping Level	Time
<u>maybe 1 gpm</u>			<u>1 hr</u>

Water Temp. 54° Bottom hole temp. 54°
Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>2</u>	<u>dirt</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>2</u>	<u>14</u>	<u>14</u>	<u>clay</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>14</u>	<u>18</u>	<u>18</u>	<u>med. gravel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>18</u>	<u>70</u>	<u>med gravel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>70</u>	<u>78</u>	<u>78</u>	<u>brown silt clay</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>78</u>	<u>260</u>	<u>260</u>	<u>med gravel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>260</u>	<u>263</u>	<u>263</u>	<u>silt gravel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>263</u>	<u>375</u>	<u>375</u>	<u>med gravel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECEIVED

JUL 17 2007

IDWR/North

Completed Depth 375 ft (Measurable)
Date: Started 6/22/07 Completed 6/23/07

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 Whelan Drill Firm No. 125
Principal Driller Sam Whelan Date 6/29/07
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