

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 0051224
DRILLING PERMIT NO. 843982
Water Right or Injection Well No. _____

2. OWNER:

Name Darrel Newman
Address HC 66 Box 465
City Kooskia State ID Zip 83539

3. LOCATION OF WELL by legal description:

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

Twp. 32 North ☒ or South ☐
Rge. 4 East ☒ or West ☐
Sec. 30 NE 1/4 NE 1/4 1/4
Gov't Lot _____ County Idaho

Lat: : : Long: : :

Address of Well Site 1 mile up Cottonwood Creek Rd

(Give at least name of road + Distance to Road or Landmark)

City Stites

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	18	12 sk	Overbore
Granuals				Poured

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	18	250	Steel	☒	☐	☐	☐
6	-15	145	160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Saw Cut

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
105	145	1/8x6	60	6	PVC	☐	☒
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

30 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 120 ft. Describe access port or control devices: _____

Well Cap

32 N 4 E 30

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
100			1 hr

Water Temp. 52

Bottom hole temp. _____

Water Quality test or comments: Cool & ClearDepth first Water Encounter 120

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
				Y N
12	0	5	Top Soil & Clay	
12	5	16	Broken Basalt	X
12	16	18	Basalt	X
8	18	62	Basalt	X
8	62	65	Fractured Basalt	X
8	65	120	Basalt	X
8	120	125	Fractured Basalt	X
8	125	128	Blue Shale	X
8	128	145	Basalt	X

RECEIVED
JAN 22 2007
IDWR/NorthRECEIVED
DEC 07 2006
IDWR/NorthSteel Casing
comes in 20'
lengths - Not
weldedCompleted Depth 145 (Measurable)Date: Started 12/1/06 Completed 12/1/06

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 Stuivenga Vessey Drilling Phone No. 545Principal Driller [Signature] Date 12-1-06and Driller or Operator II [Signature] Date 12-1-06

Operator I _____ Date _____

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