

67

# IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

### 1. WELL TAG NO. D 0088834

Drilling Permit No. 899697  
Water right or injection well # \_\_\_\_\_

### 2. OWNER:

Name Rod Woodland  
Address PO box 244  
City Cambridge State Id Zip 83610

### 3. WELL LOCATION:

Twp. 14 North  or South  Rge. 2 East  or West   
Sec. 16 10 acres 1/4 40 acres SW 1/4 160 acres SW 1/4  
Gov't Lot \_\_\_\_\_ County Washington  
Lat. 44 ° 32.609 (Deg. and Decimal minutes)  
Long. 116 ° 35.489 (Deg. and Decimal minutes)  
Address of Well Site Glad Hart Ln City Cambridge  
(Give at least name of road + Distance to Road or Landmark)  
Lot. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

### 4. USE:

Domestic  Municipal  Monitor  Irrigation  Thermal  Injection  
 Other \_\_\_\_\_

### 5. TYPE OF WORK:

New well  Replacement well  Modify existing well  
 Abandonment  Other \_\_\_\_\_

### 6. DRILL METHOD:

Air Rotary  Mud Rotary  Cable  Other \_\_\_\_\_

### 7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft <sup>3</sup> )	Placement method/procedure
3/4 bentonite	0	40	1050 lbs	hand pour

### 8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	78	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 1/2	23	223	sch 40	pvc	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used?  Y  N Shoe Depth(s) 78

### 9. PERFORATIONS/SCREENS:

Perforations  Y  N Method skill saw  
Manufactured screen  Y  N Type \_\_\_\_\_  
Method of installation set in

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
203	223	6-1/8	20 ft	4 1/2	pvc	sch 40

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_  
Packer  Y  N Type \_\_\_\_\_

### 10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft <sup>3</sup> )	Placement method

### 11. FLOWING ARTESIAN:

Flowing Artesian?  Y  N Artesian Pressure (PSIG) 5  
Describe control device Artesian Well Cap

### 12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 210 Static water level (ft) 0  
Water temp. (°F) 53 Bottom hole temp. (°F) \_\_\_\_\_  
Describe access port Artesian well cap

### Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
223	75+	1 hr

### Test method:

Pump	Bailer	Air	Flowing artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: \_\_\_\_\_

### 13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	1	15	brown clay		X
10	15	40	blue clay		X
6	40	92	blue clay		X
6	92	180	blue clay with stips of brown clay		X
6	180	210	hard blue clay		X
6	210	223	broken up basit w/ stips of blue clay	X	

RECEIVED

JUL 19 2021

WATER RESOURCES  
WESTERN REGION

Completed Depth (Measurable): 223  
Date Started: 5-10-2021 Date Completed: 5-12-2021

### 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 Waterpro Well Drilling Co. No. 626  
\*Principal Driller [Signature] Date 5-12-2021  
\*Driller \_\_\_\_\_ Date \_\_\_\_\_  
\*Operator II \_\_\_\_\_ Date \_\_\_\_\_  
Operator I \_\_\_\_\_ Date \_\_\_\_\_

\* Signature of Principal Driller and rig operator are required.