

Form 238-7
6/02

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 D0020924

DRILLING PERMIT NO.

Water Right or Injection Well No

2. OWNER:

Name Tom Carlson

Address PO Box 206

City State Zip Leadore, ID 83464

3. LOCATION OF WELL by legal description

Township 15N

Range 26E

Section 5 1/4 SW 1/4 SE 1/4

Gov't Lot County LEMHI

Latitude 443914 Longitude -1132252

Address of Well Site PO Box 206 Leadore, ID 83464

Carlson Ranch

Lot Block Subdivision

4. USE

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK Check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other

6. DRILL METHOD

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other

7. SEALING PROCEDURE

Seal Material	From	To	Weight/Volume	Seal placement method
Bentonite dry granular	0	24	Sacks	Overbore

Was drive Shoe used ☒ Y ☐ N Shoe Depth(s) 200

Was drive shoe tested ☐ Y ☒ N How?

8. CASING/LINER

Diameter	From	To	Gauge	Material	Casing Liner	Welded Threaded
6	0	200	0.25	Steel	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Length of headpipe

Length of tailpipe

Packer ☐ Y ☒ N

Type

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation method

Screen Type & Method of Installation

From	To	Slot Size	Number	Diam	Material	Casing Liner
						<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Vol	Placement Method

11. STATIC WATER LEVEL

100 ft. below land surface. Artesian pressure lb.

Depth flow encountered Ft. Describe access port or control devices:
sanitary well seal

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
30		204	2

Water temp cold

Bottom hole temp cold

Water Quality test or comments clear

Depth First Water Encountered 69

13. LITHOLOGIC LOG (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
12	0	2	Topsoil	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	2	24	Boulders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	24	42	Boulders W/Cobbles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	42	56	Boulders W/Gravel	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	56	69	Glacial Till Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	69	115	Boulders W/Cobbles	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	115	124	Glacial Till Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	124	136	Boulders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	136	142	Glacial Till Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	142	153	Boulders	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	153	179	Rock W/Clay Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	179	204	Glacial Till Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECEIVED

NOV 21 2006

Department of Water Resources
Eastern Region

Completed Depth 204

Date started 11/2/2006

Completed 11/6/2006

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 Harbor Drilling, Inc

Firm No. 0430

Principal Driller

Alan Harker

Date 11/10/2006

and

Driller or Operator II

Rhett Harbor

Date 11-12-06

Operator I

Date

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

FORWARD WHITE COPY TO WATER RESOURCES