

APPENDIX G

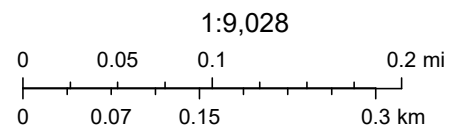
WELL LOGS

Wells and Groundwater Management



11/14/2023, 10:04:11 AM

-  Wells
-  Administrative Regions
-  Counties



Esri, HERE, iPC, Esri, HERE, Garmin, iPC, Maxar

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only				
Well ID No.	814100			
Inspected by				
Twp	Rge	Sec		
1/4	1/4	1/4		
Lat:	:	Long:	:	:

1. WELL TAG NO. D D0030705
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Loomis Homes Inc.
Address 7154 W. State #187
City Boise State ID Zip 83714

3. LOCATION OF WELL by legal description:

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

Twp. 116 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 27 1/4 SE 1/4 NW 1/4
Gov't Lot _____
County Valley 10 some 40 acres 160 acres

Lat: _____ Long: _____

Address of Well Site Spring Valley Rd
City Dannelly

(Give at least name of road + Distance to Head or Landmark)
Lt. 5 Blk. 1 Sub. Name Rail Road Village Subd

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
Chip Bentonite	0	18	400#	10" Temp

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
6"	+1	37'6"	.250	Steel	<input checked="" type="checkbox"/>	<input 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"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method torch

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
32'6"	36'6"	1/8" x 1/8"	36	6"	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

6 ft. below ground Artesian pressure _____ lb.

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

Sanitary Well Seal

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20		36	1 Hr

Water Temp. 48° Bottom hole temp. 48°

Water Quality test or comments: Good

Depth first Water Encounter 24

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	1	Fill		x
10	1	3	Top Soil		x
10	3	5	Brown Clay		x
10	5	12	Bro Cem Sand		x
10	12	13	Bro Clay		x
10	13	18	Bro Cemented Sand		x
6	18	20	Bro Cem Sand		x
6	20	24	Bro Clay		x
6	24	26	Gray Sand	x	
6	26	29	Brown Clay		x
6	29	37	Coarse Brown Sand 1/2	x	
6	"	"	Pea Gravel	x	
6	37		Blue Clay		x

RECEIVED

MAY 11 2004

WATER RESOURCES
WESTERN REGION

Completed Depth 37' (Measurable)

Date: Started 4-28-04 Completed 4-28-04

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 Gestrin Well Drilling Firm No. 408

Principal Driller Robert W. Gestrin Date 5-6-04

and Frank D. Gestrin Date 5-06-04

Operator I _____ Date _____

Operator II _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No.	820557		
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 00031629
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Jeff and Emily Biggers
 Address 11431 W. Hickory Loop
 City Boise State ID Zip 83713

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 16 North ☒ or South ☐
 Rge. 3 East ☒ or West ☐
 Sec. 27 1/4 NE 1/4 SW 1/4
 Gov't Lot _____ County Valley
 Lat: : : Long: : :
 Address of Well Site Corner of Leemis and Spring Valley
 City Donnelly
 (Give at least name of road + Distance to Road or Landmark)
 Lt. 21 Blk. 1 Sub. Name Railroad Village

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
Chip Bentonite	0	18	1800#	10" Temp Casing

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
6"	+1	76'6"	.050	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method torch
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
76'6"	78'6"	1/8"x8"	24	6"	Steel	<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:

4'6" ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: Sanitary Well Seal

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
23		73	1 Hr

Water Temp. 49° Bottom hole temp. 49°

Water Quality test or comments: Good

Depth first Water Encounter 24

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	1	Top Soil		X
10	1	18	Clay Brown/Cemented Sand		X
6	18	20	Brown Clay		X
6	20	21	Gray Clay		X
6	21	23	Brown Sand and Gravel		X
6	23	24	Blue Clay		X
6	24	28	Gray Sand 6GPM	X	
6	28	29	DK Brown Clay		X
6	29	45	Blue Clay		X
6	45	55	Cam Sand and Gravel 1/4 Fines	X	
6	55	60	Green Blue Clay		X
6	60	65	Gray Fine Sand 20 GPM	X	
6	65	67	Soft Brown Clay		X
6	67	75	Brown Gray Sand and Pea	X	
6	"	"	Gravel 23 GPM	X	
6	75	75'6"	Blue Clay		X

RECEIVED

JUL 27 2004

WATER RESOURCES
WESTERN REGION

Completed Depth 75' (Measurable)

Date: Started 7-26-04 Completed 7-21-04

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 Gestrip Well Drilling Firm No. 408

Principal Driller Robert W. Gestrip Date 7-27-04

and Driller or Operator II Franklin Date 7-26-04

Operator I _____ Date _____

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

65 IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No. <u>823776</u>			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____	1/4 _____	1/4 _____	
Lat: _____		Long: _____	

1. WELL TAG NO. D 0031919
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Bill Simons
Address 10142 W. Targee
City Boise State ID Zip 83709

3. LOCATION OF WELL by legal description:

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

Twp. 16 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 25 SW 1/4 NE 1/4 1/4
Gov't Lot _____ County Valley 160 acres

Lat: _____ Long: _____
Address of Well Site 12902 Spring Valley Rd
City Dannelly ID
(Give at least name of road + Distance to Road or Landmark)
Lt. 8 Blk. 1 Sub. Name Rail Road Village

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>17 sacks</u>	<u>over bore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 97

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>+1</u>	<u>97</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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	Diameter	Material	Casing	Liner
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

27 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ 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>15</u>	<u>—</u>	<u>80</u>	<u>21 hrs</u>

Water Temp. 52 Bottom hole temp. 52

Water Quality test or comments: hard

Depth first Water Encounter 5'

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>overburden</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>2</u>	<u>5</u>	<u>decomposed granite sand</u>	<input checked="" type="checkbox"/>	
<u>10</u>	<u>5</u>	<u>18</u>	<u>decomposed granite sand</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>18</u>	<u>70</u>	<u>decomposed granite sand</u>	<input checked="" type="checkbox"/>	
<u>70</u>	<u>72</u>	<u>72</u>	<u>decomposed granite sticky</u>	<input checked="" type="checkbox"/>	
<u>72</u>	<u>98</u>	<u>98</u>	<u>decomposed granite sand</u>	<input checked="" type="checkbox"/>	
<u>95</u>	<u>98</u>	<u>100</u>	<u>blue clay</u>		<input checked="" type="checkbox"/>
<u>100</u>			<u>sand</u>	<input checked="" type="checkbox"/>	

RECEIVED

AUG 30 2004

WATER RESOURCES
WESTERN REGION

Completed Depth 100 (Measurable)

Date: Started AUG 13/04 Completed AUG 16/04

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 ECL Holder Drilling Firm No. 578

Principal Driller Ed Hatcher Date AUG 16/04

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No. <u>824272</u>			
Inspected by _____			
Twp. _____	Rge. _____	Sec. _____	
1/4 _____		1/4 _____	
Lat: _____		Long: _____	

1. WELL TAG NO. D D0031967
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Steve Harris
Address Box 786
City Donnelly State ID Zip 83615

3. LOCATION OF WELL by legal description:

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

Twp. 16 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 27 1/4 NE 1/4 NE 1/4
Gov't Lot _____
County Valley

Lat: _____ Long: _____
Address of Well Site Spring Valley Road
City Donnelly
(Give at least name of road + Distance to Road or Landmark)
Lt. 19 Blk. _____ Sub. Name Rail Road Village

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
Chip Bentonite	0	18	450#	10" Temp Casing

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
6"	+1/6"	23	1250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4"	-6	27	160#	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method torch
Screen Type & Method of Installation 4" Johnson PVC Screen

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
19	22	1/8"x8"	24	6"	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
27	32	1/20		4"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
8-12 Colo Sand	22	32	150#	Top/Down

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

8'6" ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____
Sanitary Well Seal

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15		31	1 Hr.

Water Temp. 48° Bottom hole temp. 48°

Water Quality test or comments: Gard

Depth first Water Encounter 21

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	4	fill		x
10	4	6	Top Soil		x
10	6	16	Brown Clay		x
10	16	18	Brown Sand		x
6	18	20	Brown Sand		x
6	20	21	Brown Clay		x
6	21	24	Brown Sand	x	
6	24	25	Basalt Fragments / Brown Clay		x
6	25	32	Gray / Brown Sand	x	
6	32		Brown Clay		x

RECEIVED

SEP 27 2004

WATER RESOURCES
WESTERN REGION

Completed Depth 32 (Measurable)

Date: Started 9-9-04 Completed 9-13-04

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 Gestrin Well Drilling Firm No. 408

Principal Driller Robert W. Gestrin Date 9-20-04

and Driller or Operator II Frank D. Gestrin Date 9-14-04

Operator I _____ Date _____

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

65

Form 238-7
6/02IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0038314
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Bill Simons
Address 10142 W. Tanager
City Boise State ID Zip 83709

3. LOCATION OF WELL by legal description:

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

Twp. 16 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 25 SW 1/4, NE 1/4 1/4
Gov't Lot _____ County Valley 160 acresLat: _____ Long: _____
Address of Well Site 12902 Spring Valley Rd City _____

(Give at least name of road + distance to road or landmark)

Lt. 8 Blk. 1 Sub. Name Rail Road Village

4. USE:

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

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☒ Other (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Ben-tonite</u>	<u>0</u>	<u>18</u>	<u>10 Sacks</u>	<u>over bore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 65
Was drive shoe seal tested? ☒ Y ☐ N How? Ball + test

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>65</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 1 Length of Tailpipe 0
Packer ☒ Y ☐ N Type S.S. Screen

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method K Packer
Screen Type & Method of Installation S.S. Screen

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>65</u>	<u>70</u>	<u>16</u>		<u>5"</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

Office Use Only			
Well ID No.	<u>825322</u>		
Inspected by	_____		
Twp	Rge	Sec	
<u>1/4</u>	<u>1/4</u>	<u>1/4</u>	
Lat:	:	Long:	:

12. WELL TESTS:

☒ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>12</u>	<u>30</u>	<u>60</u>	<u>1 Hr</u>

Water Temp. 65 Bottom hole temp. 65Water Quality test or comments: GoodDepth first Water Encounter 20

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>5</u>	<u>over build</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>5</u>	<u>18</u>	<u>gravel</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>18</u>	<u>40</u>	<u>clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>40</u>	<u>60</u>	<u>sand</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>60</u>	<u>65</u>	<u>clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>65</u>	<u>70</u>	<u>sand</u>	<input checked="" type="checkbox"/>	

RECEIVED

MAR 28 2005

WATER RESOURCES
WESTERN REGIONCompleted Depth 70 (Measurable)Date: Started Oct 14/04 Completed Oct 15/04

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 Ed L Holder Drilling Firm No. 578Principal Driller E L Holder Date Oct 15/04

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

65

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D

DRILLING PERMIT NO.

Water Right or Injection Well No.

0038314 D0039313

2. OWNER:

Name Bill SimonsAddress 10142 W. TargeeCity Boise State ID Zip 83709

3. LOCATION OF WELL by legal description:

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

Twp. 16 North ☒ or South ☐Rge. 3 East ☒ or West ☐Sec. 25 SW 1/4 NE 1/4 1/4

Gov't Lot _____ 10 acres 40 acres 160 acres

Lat: _____ Long: _____

Address of Well Site 12902 S Spring Valley Rd

City _____

Lt. 8 Bk. 1 Sub. Name Rail Road Village

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

4. USE:

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

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☒ Other (Replacement etc.)

6. DRILL METHOD:

☒ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	10 Sacks	over bore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 65Was drive shoe seal tested? ☒ Y ☐ N How? Ball + 9t

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	65	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 1 Length of Tailpipe 0Packer ☒ Y ☐ N Type SS. Screen

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method K PackerScreen Type & Method of Installation SS. Screen

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
65	70	.16		5"	SS	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

Office Use Only			
Well ID No.	<u>825322</u>		
Inspected by			
Twp	Rge	Sec	
	1/4	1/4	1/4
Lat: _____	_____	Long: _____	_____

12. WELL TESTS:

☒ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>12</u>	<u>30</u>	<u>60</u>	<u>1 Hr</u>

Water Temp. 65 Bottom hole temp. 65Water Quality test or comments: 600dDepth first Water Encounter 20

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
10	0	5	over build			X
10	5	18	gravel		X	
6	18	40	clay			X
6	40	60	sand		X	
6	60	65	clay			X
6	65	70	sand		X	

Replacement tag issued. Original Tag lost.

SCANNED

APR 16 2005

RECEIVED

MAR 28 2005

WATER RESOURCES
WESTERN REGIONCompleted Depth 70 (Measurable)
Date: Started Oct 14/04 Completed Oct 15/04

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 Ed Holder Drilling Firm No. 578Principal Driller E. Holder Date Oct 15/04

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

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

832829
Office Use Only
Well ID No. **403414**
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ : _____ : _____ Long: _____ : _____ : _____

1. **WELL TAG NO. D** 0039069
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. **OWNER:**
Name Douglas Dutch Co
Address Bear tooth way - 2156
City Marlinton State Id. Zip 83642

3. **LOCATION OF WELL by legal description:**

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

Twp. 16 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 25 1/4 SW 1/4 NE 1/4
Gov't Lot _____ County Valley 10 acres
Lat: _____ : _____ : _____ Long: _____
Address of Well Site Spring Valley

(Give at least name of road + Distance to Road or Landmark)
City Rannell
Lt. 811 Blk. 1 Sub. Name Rail Road Village

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>Perforator</u>	<u>0</u>	<u>18</u>	<u>10</u>	<u>Over bore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 42

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

8. **CASING/LINER:**

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+4</u>	<u>42</u>	<u>250</u>	<u>Steel</u>	<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 Fact
Screen Type & Method of Installation PUC Balled

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>26</u>	<u>46</u>	<u>.20</u>		<u>1/2</u>	<u>PUC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. **FILTER PACK**

Filter Material	From	To	Weight / Volume	Placement Method

11. **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

25 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ 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>5</u>	<u>25</u>		

Water Temp. 65 Bottom hole temp. 65

Water Quality test or comments: Good

Depth first Water Encounter _____

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>5</u>	<u>Over burden</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>5</u>	<u>18</u>	<u>Sand</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>18</u>	<u>40</u>	<u>Sand</u>	<input checked="" type="checkbox"/>	
	<u>40</u>	<u>42</u>	<u>clay</u>		<input checked="" type="checkbox"/>
	<u>42</u>	<u>46</u>	<u>Sand</u>	<input checked="" type="checkbox"/>	

RECEIVED

APR 29 2005

WATER RESOURCES
WESTERN REGION

Completed Depth 46 (Measurable)

Date: Started 4/21/05 Completed 4/22/05

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 Ed L. H. Jr. Firm No. 578

Principal Driller Ed L. H. Jr. Date 4/22/05

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0039069
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Doodle Putsch Con
Address Bear tooth way - 2156
City Meridian State Id Zip 83642

3. LOCATION OF WELL by legal description:

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

Twp. 16 North ☒ or South ☐
Rge. 3 East ☒ or West ☒
Sec. 25 1/4 SW 1/4 NE 1/4
Gov't Lot _____
County Valley State Id
Lat: : : Long: : :
Address of Well Site Spring Valley
City Rannell

(Give at least name of road + Distance to Road or Landmark)
Lt. 11 Blk. 1 Sub. Name Rail Road Village

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>Benetonite</u>	<u>0</u>	<u>18</u>	<u>10</u>	<u>overbore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 42

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+4</u>	<u>42</u>	<u>250</u>	<u>Steel</u>	<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 fact

Screen Type & Method of Installation PUC Balled

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>26</u>	<u>46</u>	<u>20</u>		<u>1/2</u>	<u>PUC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

25 ft. below ground Artesian pressure _____ lb.

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

well cap

832829

Office Use Only

Well ID No. 403414
Inspected by _____
Twp 16N Rge 3E Sec 25
1/4 SW 1/4 NE 1/4
Lat: : : Long: : :

12. WELL TESTS:

☐ Pump ☒ Barter ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>5</u>	<u>25</u>		

Water Temp. 65 Bottom hole temp. 65

Water Quality test or comments: 600

Depth first Water Encounter _____

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>5</u>	<u>overbore</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>5</u>	<u>18</u>	<u>sand</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>18</u>	<u>40</u>	<u>sand</u>	<input checked="" type="checkbox"/>	
	<u>40</u>	<u>42</u>	<u>clay</u>		<input checked="" type="checkbox"/>
	<u>42</u>	<u>46</u>	<u>sand</u>	<input checked="" type="checkbox"/>	

RECEIVED

SCANNED

APR 29 2005

MAY 25 2005

WATER RESOURCES
WESTERN REGION

Completed Depth 46 (Measurable)

Date: Started 4/21/05 Completed 4/22/05

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 Ed L. H. Jr Firm No. 578

Principal Driller Ed L. H. Jr Date 4/22/05

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

8342162

Office Use Only
Well ID No. 404803
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D 0039152
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name SILVERSTONE Development
Address 4067 S. Nickel Creek Pl.
City Meridian State Id. Zip 83642

3. LOCATION OF WELL by legal description:

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

Twp. 16 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 27 1/4 NW 1/4 NE 1/4
Gov't Lot _____ County Valley

Lat: _____ Long: _____
Address of Well Site 12932 Spring Valley Rd.
City Donnelly

(Give at least name of road + Distance to Road or Landmark)
Lt. 18 Blk. 1 Sub. Name Wagon Wheel Ranch
No. 4 (Railroad)

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>450 LBS</u>	<u>10" Temp. CASING - Poured</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</u>	<u>+2</u>	<u>23</u>	<u>.250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>4</u>	<u>-6</u>	<u>24</u>	<u>160</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method TORCH
Screen Type & Method of Installation JOHNSON PVC SCREEN

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>24</u>	<u>29</u>	<u>.020</u>		<u>4</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>18</u>	<u>22</u>	<u>1/8x6</u>	<u>36</u>	<u>6</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>8-12 COLORADO SAND</u>	<u>14</u>	<u>29</u>	<u>150 LBS.</u>	<u>Poured</u>

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

3 ft. below ground 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
<u>20</u>		<u>28</u>	<u>1 hr.</u>

Water Temp. 44° Bottom hole temp. _____

Water Quality test or comments: good

Depth first Water Encounter _____

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>2</u>	<u>BASALT Rip RAP</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>2</u>	<u>4</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>4</u>	<u>12</u>	<u>BROWN CLAY</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>12</u>	<u>17</u>	<u>BROWN SAND</u>	<input checked="" type="checkbox"/>	
<u>10</u>	<u>17</u>	<u>18</u>	<u>BROWN CLAY</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>18</u>	<u>19</u>	<u>BROWN CLAY</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>19</u>	<u>29</u>	<u>BROWN SAND</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>29</u>	<u>29</u>	<u>BROWN CLAY</u>		<input checked="" type="checkbox"/>

RECEIVED

JUN 30 2005

WATER RESOURCES
WESTERN REGION

Completed Depth 29' (Measurable)

Date: Started 6-24-05 Completed 6-25-05

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 GASTRIN Well Drilling Firm No. 408

Principal Driller Robert W. Muth Date 6-27-05

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

834637
Office Use Only
Well ID No. 405169
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ : _____ Long: _____ : _____

1. WELL TAG NO. D 0039345
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name SILVERSTONE Development
Address 4067 S. NICKEL CREEK PL.
City MERIDIAN State ID. Zip 83642

3. LOCATION OF WELL by legal description:

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

Twp. 16 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 27 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County VALLEY

Lat: _____ : _____ Long: _____ : _____
Address of Well Site 12886 SPRING VALLEY Rd.
City DONNELLY

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

Lt. 2 Blk. 1 Sub. Name WAGON WHEEL 4
(RAILROAD)

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 chips	0	18	500 LBS.	10" TEMP CASING, POURED

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
6	+1 1/2	28 1/2	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	-9	29	160#	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"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation JOHNSON PVC

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
29	34	.020		4"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
8-12 COLORADO SAND	19	34	150 LBS.	POURED

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

8' ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
SANITARY WELL SEAL

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20		33	1 hr.

Water Temp. 49° Bottom hole temp. _____Water Quality test or comments: 900d

Depth first Water Encounter _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	2	TOP SOIL		X
10	2	9	BROWN SANDY CLAY		X
10	9	18	BROWN SAND	X	
6	18	19	BROWN SAND	X	
6	19	26	BROWN CLAY W/ SAND STREAMS		X
6	26	34	GRAY SAND	X	
6	34	34	BROWN CLAY		X

RECEIVED

JUL 19 2005

WATER RESOURCES
WESTERN REGIONCompleted Depth 34' (Measurable)Date: Started 7-13-05 Completed 7-14-05

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 GESTRIN WELL DRILLING Firm No. 408Principal Driller Ralph W. Gestrin Date 7-17-05

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

834647

Office Use Only
Well ID No. 405179
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ Long: _____

1. WELL TAG NO. D 0039455
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name SILVERSTONE Development
Address 4067 S. Nickel Creek Pl.
City MERIDIAN State ID. Zip 83642

3. LOCATION OF WELL by legal description:

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

Twp. 16 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 27 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County VALLEY

Lat: _____ Long: _____
Address of Well Site 12884 SPRING VALLEY Rd.
City DONNELLY

(Give at least name of road + Distance to Road or Landmark)
Lt. 1 Blk. 1 Sub. Name WAGON Wheel 4
(RAILROAD)

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 chips</u>	<u>0</u>	<u>18</u>	<u>550 LBS</u>	<u>10" Temp. CASING,</u> <u>POURED</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</u>	<u>+1 1/2</u>	<u>29 1/2</u>	<u>.250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>4</u>	<u>-9 1/2</u>	<u>29 1/2</u>	<u>160</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation JOHNSON PVC

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>29 1/2</u>	<u>34 1/2</u>	<u>.020</u>		<u>4"</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>8-12 COLORADO</u> <u>SAND</u>	<u>19 1/2</u>	<u>34 1/2</u>	<u>150 LBS</u>	<u>POURED</u>

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10 1/2 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
SANITARY well SEAL

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30</u>		<u>33 1/2</u>	<u>1 hr.</u>

Water Temp. 49° Bottom hole temp. _____
Water Quality test or comments: good

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>2</u>	<u>TOP SOIL</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>2</u>	<u>4</u>	<u>BROWN SANDY CLAY</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>4</u>	<u>13</u>	<u>BROWN CEMENTED SAND</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>13</u>	<u>16</u>	<u>BROWN SANDY CLAY</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>16</u>	<u>18</u>	<u>BROWN SAND</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>18</u>	<u>21</u>	<u>BROWN SAND</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>21</u>	<u>28</u>	<u>BROWN CLAY w/ SAND STREAKS</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>28</u>	<u>34 1/2</u>	<u>BROWN SAND</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>34 1/2</u>	<u>34 1/2</u>	<u>BROWN CLAY</u>		<input checked="" type="checkbox"/>

RECEIVED

JUL 19 2005

WATER RESOURCES
WESTERN REGION

Completed Depth 34 1/2 (Measurable)
Date: Started 7-14-05 Completed 7-15-05

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 GESTRIN Well DRILLING Firm No. 408

Principal Driller Robert W. Stebbins Date 7-17-05

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

835156
Office Use Only
Well ID No. 405673
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ : _____ : _____ Long: _____ : _____ : _____

1. WELL TAG NO. D 0039472
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Bethel Construction
Address P.O. Box 2037
City McCall State Id. Zip 83638

3. LOCATION OF WELL by legal description:

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

Twp. 16 North ☒ or South ☐
Rge. 3 East ☒ or West ☐
Sec. 27 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County Valley

Lat: _____ : _____ : _____ Long: _____ : _____ : _____
Address of Well Site Spring Valley Road
City Donnelly
(Give at least name of road - Distance to Road or Landmark)
Lt. 10 Blk. 1 Sub. Name RAIL Road Village
Subd.

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 chips</u>	<u>0</u>	<u>18</u>	<u>500 LBS</u>	<u>10" TEMP. CASING</u> <u>Poured</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</u>	<u>+1</u>	<u>23</u>	<u>.250</u>	<u>STEEL</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>4</u>	<u>-6</u>	<u>24</u>	<u>160"</u>	<u>PVC</u>	<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"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Johnson PVC

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>24</u>	<u>29</u>	<u>.020</u>		<u>4</u>	<u>PVC</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>8-12 COLORADO</u> <u>SAND</u>	<u>14</u>	<u>29</u>	<u>150 LBS.</u>	<u>Poured</u>

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

8 ft. below ground Artesian pressure _____ lb.

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

SANITARY Well Seal

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>15</u>		<u>28</u>	<u>1 hr</u>

Water Temp. 45° Bottom hole temp. _____Water Quality test or comments: good

Depth first Water Encounter _____

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>TOP SOIL</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>2</u>	<u>8</u>	<u>BROWN SANDY CLAY</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>8</u>	<u>14</u>	<u>BROWN SAND</u>	<input checked="" type="checkbox"/>	
<u>10</u>	<u>14</u>	<u>18</u>	<u>BROWN SANDY CLAY</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>18</u>	<u>23</u>	<u>BROWN SANDY CLAY</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>23</u>	<u>29</u>	<u>GRAY SAND + SMALL GRAVEL</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>29</u>	<u>29</u>	<u>BROWN CLAY</u>		<input checked="" type="checkbox"/>

RECEIVED

SEP 01 2005

WATER RESOURCES
WESTERN REGIONCompleted Depth 29' (Measurable)Date: Started 8-1-05 Completed 8-1-05

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 Gestrin Well Drilling Firm No. 408Principal Driller Robert W. Gestrin Date 8-7-05and
Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

[illegible]