

Form 238-7
1/97 JGE
DMN

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

75

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat: : : Long: : :

1. WELL TAG NO. **D 0020692**

DRILLING PERMIT NO. **D0020692**

Other IDWR No. _____

2. OWNER:

Name **Starkey, Don**

Address **PO Box 200**

City **Carmen** State **ID** Zip **83462**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

North or South
East or West
Twp. **24** North or South
Rge. **21** East or West
Sec. **35** 1/4 NW 1/4 SE 1/4
Gov't Lot _____
County **Lemhi** Long: _____
Address of Well Site **4th of July Creek**
City **Carmen**

(Give at least name of road & distance to road or landmark)
Lt. _____ Bk. _____ 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/Filter Pack		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
bentonite	0	20	5	overbore

Was drive shoe used? Y N Shoe Depth(s) **20**

Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	20	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

- Perforations Method _____
 Screens Screen Type _____

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

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

+1 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: **sanitary well seal**

11. WELL TESTS:

- Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
9		350	2 hours

Water Temp. **cold** Bottom hole temp. **cold**

Water Quality test or comments: **clear**

Depth first Water Encounter **80**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
12	0	3	top soil	
	3	12	boulders	
	12	16	grey solid hard	
6	16	78	grey solid hard	
	78	80	brown fractured	X
	80	122	grey hard rock	
	122	127	brown hard rock	
	127	146	grey hard rock	
	146	149	brown hard rock	
	149	164	grey hard rock	
	164	267	brown hard rock	
	267	269	brown fractured	X
	269	278	brown hard rock	
	278	348	grey hard rock	
	348	372	brown hard rock	
	372	398	grey hard rock	
	398	401	brown fractured	X
	401	418	grey hard rock	
	418	424	grey fractured	X
	424	445	brown hard rock	
	445	450	grey hard rock	

Rhett Harber, Class I Operator

100' of drill steel lost in hole, leaving depth at 350'

RECEIVED

MAR 21 2005

Department of Water Resources
Eastern Region

Completed Depth **350** (Measurable)
Date: Started **2/16/2005** Completed **3/7/2005**

13. DRILLER'S CERTIFICATION:

We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name **Harber Drilling Company** Firm No. **0430**

Firm Official _____ Date **3/10/2005**

Driller or Operator *Alan Harber* Date **3/10/2005**
(Sign once if Firm Official & Operator)

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. **D 0020463**

DRILLING PERMIT NO. _____
Other IDWR No. _____

2. OWNER:

Name **Hathorn Construction for Don Starky**
Address **PO Box 443**
City **Salmon** State **ID** Zip **83467**

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

	Twp. 24	North <input checked="" type="checkbox"/>	or	South <input type="checkbox"/>
	Rge. 21	East <input checked="" type="checkbox"/>	or	West <input type="checkbox"/>
	Sec. 35	1/4 NW 1/4 SE 1/4		
	Gov't Lot _____	County Lemhi		
Address of Well Site 4th July Creek		City Carmen		

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/Filter Pack		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
bentonite	0	20	300	overbore

Was drive shoe used? Y N Shoe Depth(s) **64'**
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	64	.250		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4.5	26	186		PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS:

- Perforations Method **saw**
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
26	180	1/8"	180		PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: **sanitary well seal**

11. WELL TESTS:

- Pump Baller Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
18		186	2 hours

Water Temp. **cold** Bottom hole temp. **cold**
Water Quality test or comments: **clear**
Depth first Water Encounter **50'**

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
Rhett Harber, Apprentice				
12	0	3	top soil	
		3	20 boulders	
6	20	50	boulders gravel	
		50	62 wet gravel sand	X
		62	100 grey granite	
		100	102 fractured grey granite wet	X
		102	120 grey hard granite	
		120	122 wet grey hard granite	X
		122	138 grey hard granite	
		138	140 grey fractured granite	X
		140	170 gery hard granite	
		170	172 grey fractured granite	X
		172	186 grey hard granite	

RECEIVED

AUG 04 2003

Department of Water Resources
Eastern Region

Completed Depth **186'** (Measurable)
Date: Started **7/24/2003** Completed **7/30/2003**

13. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name **Harber Drilling Company** Firm No. **0430**

Firm Official _____ Date **7/31/2003**

Driller or Operator **Alan Harber** Date **7/31/2003**

(Sign only if Firm Official & Operator)