

WELL DRILLER'S REPORT

RECEIVED

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

APR 30 1981

1. WELL OWNER

Name Gerald J. Cunningham

Address Rt. B, Box 230, Grandview, ID

Owner's Permit No. 61-7253

7. WATER LEVEL

Static water level 408 feet below ground surface. *Department of Water Resources, Eastern District Office*

Flowing? Yes No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: Valve Cap Plug

Temperature 41 °F. Quality Good

2. NATURE OF WORK

New well Deepened Replacement
 Abandoned (describe method of abandoning) _____

8. WELL TEST DATA

Pump Bailer Air Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped

3. PROPOSED USE

Domestic Irrigation Test Municipal
 Industrial Stock Waste Disposal or Injection
 Other _____ (specify type)

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
20"	0	2	Topsoil		X
	2	16	Red Clay		X
	16	62	Clay & Gravel		X
	62	88	Sand		X
	88	92	Brown Sandy Clay		X
	92	111	Sand (coarse)		X
	111	125	Sandy loam		X
	125	136	Sandy Clay		X
	136	150	Sandstone & Clay		X
	150	154	Sand & Gravel		X
	154	176	Clay (Brown)		X
	176	180	Brown Sand & Gravel		X
	180	200	Clay-Sand-Gravel		X
	200	225	Block		X
	225	240	Sand Rock		X
	240	295	Red Lava		X
	295	335	Broken Red Lava		X
	335	355	Cinders & Clay		X
	355	396	Gray Lava		X
	396	450	Cinders & Red Lava	X	
	450	495	Brown Lava		X
16"	595	650	Red Lava (Cuttings, settled)	X	
from	650	735	Black Lava		X
610'	735	760	Brown Lava		X
	760	781	Sandstone, Clay, Lava Boulders	X	
			(VERY CAVEY)		
	781	855	Gray Lava		X

4. METHOD DRILLED

Rotary Air Hydraulic Reverse rotary
 Cable Dug Other _____

5. WELL CONSTRUCTION

Casing schedule: Steel Concrete Other _____

Thickness _____ inches Diameter _____ inches + _____ inches From _____ feet To _____ feet

Was casing drive shoe used? Yes No
Was a packer or seal used? Yes No
Perforated? Yes No
How perforated? Factory Knife Torch
Size of perforation _____ inches by _____ inches

Number _____ perforations From _____ feet To _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

Well screen installed? Yes No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? Yes No Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 20' Material used in seal: Cement grout Puddling clay Well cuttings
Sealing procedure used: Slurry pit Temp. surface casing Overbore to seal depth
Method of joining casing: Threaded Welded Solvent Weld
 Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____
Lot No. _____ Block No. _____
County Elmore
SW 1/4 SW 1/4 Sec. 14, T. 2 N. R. 4 E.

10. Work started 10-30-80 finished 4-10-81

11. DRILLERS CERTIFICATION *cb dl*

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

Firm Name GAILEY Drilling & Pump Firm No. 291
Star Rt. B, Box 19-I
Address Mountain Home, ID Date 4-21-81

Signed by (Firm Official) Bill D. Gailey
and
(Operator) Bill D. Gailey

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MAY 6 1981
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Department of Water Resources

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