



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 93 - 93 - N - 11 - 001
Other IDWR No. _____

2. OWNER: HARLEY ZEHR
Name _____
Address _____
City _____ State _____ ID _____ Zip _____
83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 T. 46 North ☒ or South ☐
 R. 05 East ☐ or West ☒
 Sec. 19 $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$
 Gov't Lot _____ County BENEFICIAL

Address of Well Site COUNTY RD

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK (FEEDER)

☐ New Well ☒ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	

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

8. CASING/LINER:

Diameter	From	To	Gauge	Testing	Liner	Steel	Plastic	Welded	Threaded
4" pvc	160	394	200psi		X	☐	☒	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes _____

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☒ **Perforations** Method SKILLSAW

☐ **Screens** Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casting	Linear
344	394	.25x6 [†]	160			☐	☒
						☐	☐
						☐	☐
						☐	☐

NW NE 19 46N SW

10. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
6GPM			1 HOUR

Temperature of water _____ Was a water analysis done? Yes ☐ No ☒

By whom? _____

Water Quality (odor, etc.) _____

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

110 ft. below surface Depth artesian flow found _____

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

13. DRILLER'S CERTIFICATION

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

Firm Name **H2O WELL SERVICE INC** Firm No. **#448**

Firm Official [Signature] Date 12-8-93

and
Supervisor or Operator Anthony C. Grant Date 12/8/93

(Sign over Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

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.

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[illegible]



POU

46N05W19NENE

RP46N05W1900BA

WELL