

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 0010786
 DRILLING PERMIT NO. 92-99-N-34
 Other IDWR No. _____

2. OWNER:
Name BOB SHORT
Address RT 4 BOX 155
City ST MARGA State W Zip 83861

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 Twp. 44N North ☒ or South ☐
 Rge. 2W East ☒ or West ☒
 Sec. 23 1/4 N/E 1/4 N/E 1/4
 Gov't Lot _____
 County _____
 Lat. : : : Long. : : :

Address of Well Site Hwy 6 miles past
32 1/4 miles up Peterson City Emida
(Give at least name of road + distance to road or landmark)

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	40	59	10	poured

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 59
Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	0	59		Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe 41 Length of Tailpipe 59

9. PERFORATIONS/SCREENS

Perforations Method DRILLED
Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
125	45	1/4	60	1/4	POC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

Depth flow encountered 118 ft. Describe access port or control devices: well cap

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
20			

Water Temp. *Cold* Bottom hole temp.

Water Quality test or comments: 0000

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 125 (Measurable)
Date: Started 11/2/99 Completed 11/2/99

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 ALL ways D.R.I.N.G. Firm No. 5/0

Firm Official Charles K. Webb Date 1/18/93

Driller or Operator Carey Smith Date 11/2/99

(Sign once if Firm Official & Operator)

44N 2W 23 FORWARD WHITE COPY TO WATER RESOURCES