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NORTHERN REGION
IDWR

77442

Form 238-7
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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT
Use Typewriter or Ballpoint Pen

D0003818

POSTED

Office Use Only
Inspected by ______
Twp ____ Rge ____ Sec ____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 87-98-N-12
Other IDWR No. ______

2. OWNER:
Name Peter Larson
Address 602 S Adams St
City Moscow State Id Zip 83843

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

(Sketch grid N/S/E/W, X marked in the lower right area)

Twp. 40 North ☑ or South ☐
Rge. 4 East ☐ or West ☑
Sec. 6, ____ 1/4 SW 1/4 SE 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Latah
Lat: : : Long: : :
Address of Well Site 3 mile east of Moscow City ______
(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	0	20	3 bags	Dry

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"	+2	18	250	Steel	☑	☐	☑	☐
4 1/2	-5	325	160	PVC	☐	☑	☐	☐
					☐	☐	☐	☐

Length of Headpipe ______ Length of Tailpipe ______

9. PERFORATIONS/SCREENS
☐ Perforations Method ______
☐ Screens Screen Type ______

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
33 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: top of well

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10 gpm			

Water Temp. ______ Bottom hole temp. ______
Water Quality test or comments: ______
______ Depth first Water Encountered ______

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	2	dirt		✓
	2	12	decomposed granite		✓
	12	18	med soft granite		✓
6	18	78	med soft granite		✓
	78	260	med granite		✓
	260	315	med granite with		✓
			water	✓	
	315	325	hard granite		✓

Completed Depth 325' (Measurable)
Date: Started 5/1/98 Completed 5/2/98

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 Uhlenkott Drilling Firm No. 125
Firm Official Ray Uhlenkott Date 5/26/98
and
Supervisor or Operator Tom Uhlenkott Date 5/26/98
(Sign once if Firm Official & Operator)

40N R4W 6 SWSE

FORWARD WHITE COPY TO WATER RESOURCES