

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 87-94-N-61 -000

Other IDWR No. _____

2. OWNER:

Name Kandis Walker

Address St. 2 Box 51

City Moscow State Id Zip 83843

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 41 N North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 21 NW 1/4 NE 1/4 1/4
 Gov't Lot _____ County Letch 160 acres
 Address of Well Site Wacker Rd.
 City Macon
 (Give at least name of road + Distance to Road or Landmark)

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ 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	
brn Tonite	0	96	100 lbs.	Starvy

Was drive shoe used? Y ☒ N ☐

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	11	96	150	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

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:

38 ft. below ground Artesian pressure lb.

Depth flow encountered 97-4 to 4 ft. Describe access port or control devices:

~~NW NE 21 41N 5W~~

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ ~~Art~~ ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
approx. 8		120	30 min.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments:

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 Will Well Drilling Firm No. _____

Firm Official Case L. W. Pitt Date 10/10/94

and

Supervisor or Operator Roger With Date 10/10/94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES