Form 238-7
3/95

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# IDAHO DEPARTMENT OF WATER RESOURCES
# WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

96144

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4 ____1/4 ____1/4
Lat: : : Long: : :

**1. DRILLING PERMIT NO.** 87-96-N-0033
Other IDWR No. _____

**2. OWNER:**
Name Keith Smith
Address 328 North Jefferson
City Moscow State Id. Zip _____

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

N / W / E / S

Twp. 38 North ☑ or South ☐
Rge. 5 East ☐ or West ☑
Sec. 8, ____ 1/4 NW 1/4 NE 1/4
(10 acres / 40 acres / 160 acres)
Gov't Lot ____ County Latah
Lat: : : Long: : :
Address of Well Site East Rd.
4 miles South 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 Material | From | To | AMOUNT Sacks or Pounds | METHOD |
|---|---|---|---|---|
| bentonite | 0 | 20 | 100lbs | 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 |
|---|---|---|---|---|---|---|---|---|
| 8 | +1 | 20 | 064 | 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:**
50 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: _____

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

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 15 | | 250 | 30 min. |
| | | | |
| | | | |

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 |
|---|---|---|---|---|---|
| 10 | 0 | 6 | Soft granit | | ✓ |
| 10 | 6 | 20 | granit, firm | | ✓ |
| 8 | 20 | 254 | granit, firm | ✓ | |

Completed Depth 254 ft. (Measured)
Date: Started 7/2/96 Completed 7/2/96

**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 Witt Well Drilling Firm No. 58
Firm Official Earl L. Witt Date _____
and
Supervisor or Operator Roger Witt Date 7/3/96
(Sign once if Firm Official & Operator)

NWNE 8 38N 5W

FORWARD WHITE COPY TO WATER RESOURCES