

INFORMATION
IDWS

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 87-95-N-0054 - 000

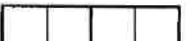
Other IDWR No.

2. OWNER:

Name Jerry ROMAN
Address RR1 Box 150
City POTLATCH State ID Zip 83855

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 42 North ☒ or South ☐
 Rge. 05 East ☐ or West ☒
 Sec. 22 1/4 SW 1/4 NE 1/4
 Gov't Lot _____ County LATAH

Address of Well Site Mt. Home Grange City POTLATCH
(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	
BENDAPITE	1	20	100	DRP

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"	+1	20	.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:

8 ft. below ground Artesian pressure lb.

Depth flow encountered _____ ft. Describe access port or control devices:

SWNE 22 42N 5W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
256PM			

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 **McPHERSON & WRIGHT DRILLING** Firm No. 376

Firm Official Lewiston, Idaho 83501 Date _____

and
Supervisor or Operator Timothy Wright Date 3.31.96
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES