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1. WELL OWNER

7. WATER LEVEL

2. NATURE OF WORK

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other

3. PROPOSED USE

9 LITHOLOGIC LOG

090766

4. METHOD DRILLED

8/6	17	400	Granite	54p	med	✓
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5. WELL CONSTRUCTION

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Intermountain Dr. Firm No. 513

Address HCE 5 Box 4A
Prest River, Id 83852 Date 6-28-93

Signed by (Firm Official) *H. Fuchs*

and
(Operator) *same*

USE ADDITIONAL SHEETS IF NECESSARY – FORWARD THE WHITE COPY TO THE DEPARTMENT