

**STATE OF IDAHO DEPARTMENT OF WATER RESOURCES
REPORT OF ABANDONMENT OF A WELL**

1. Well number _____
 2. Location ¼, _____ ¼, _____ Section _____, Township _____, Range _____, B.M.,
_____ County
 3. Present condition of the well (describe fully the method and procedures of abandonment)

 4. Date work was completed _____
 5. Monument Description _____

- Operator _____ Address _____
 Date _____, _____ Telephone _____
 (Month) (Day) (Year)

ACTION OF THE DIRECTOR DEPARTMENT OF WATER RESOURCES

This application has been reviewed in accordance with Title 42, Chapter 40, Idaho Code and is hereby
_____ subject to the following limitations and conditions:

Date

Director