Form 238-7
Rev 01/09/25

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

This log reports the activities of a licensed Idaho well driller and serves as the official record of work done within the borehole and casing and describes the amount of water encountered. This form is to be completed by the driller and filed with IDWR within 30 days of completion of the work.

1. WELL TAG NO. D ____________________

Drilling Permit No. ____________________

Water right or injection well # ____________________

2. WELL OWNER: ____________________

Address ____________________

City ____________ State ________ Zip ________

3.WELL LOCATION:

Twp. ______ North ☐ or South ☐ Rge. ______ East ☐ or West ☐

Sec. ____________ ________1/4 ________1/4

Address of Well Site ____________________

City ____________ County ____________

Lat. ________ 0 ____________ (Deg. and Decimal minutes)

Long. ________ 0 ____________ (Deg. and Decimal minutes)

Lot. ______ Blk. ______ Sub. Name ____________

4. USE:
☐ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other ____________________

5. TYPE OF WORK:
☐ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other ____________________

6. DRILL METHOD:
☐ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other ____________

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft^3)	Placement method/procedure

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☐ Y ☐

9. PERFORATIONS:

From (ft)	To (ft)	Number/ft	Method created (mill knife, perforate, torch cut, drill etc.)

10. SCREENS:

From (ft)	To (ft)	Slot size	Diameter (nominal)	Material	Gauge or Schedule	Placement method

Length of Headpipe (ft) ________ Length of Tailpipe (ft) ________

Packer ☐ Y ☐ N Type ____________________

11. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft^3)	Placement method

12. WATER LEVEL INFORMATION

Depth to first water encountered (ft) ________ Static Water Level (ft) ________

Artesian Conditions? ☐Yes ☐No

Flowing Artesian Conditions? ☐Yes ☐No Pressure at wellhead ________ psi

Describe control device/access port: ____________________

Water quality test or comments: ____________________

Water Temp (°F) ____________________

Bottom Hole Temp (°F) ____________________

12. WELL DEVELOPMENT

☐ Air Lift Drill stem set at _____ (ft) Discharge ______ gpm Duration _______ hrs
Recovery time ________ hrs Recovered water level ________ (ft)

☐ Pump Pump set at ______ (ft) Discharge _______ gpm Duration _______ hrs
Drawdown _____ (ft) (lowered water level - static water level)
Recovery time ________ hrs Recovered water level ________ (ft)

☐ Bailer Discharge _____ gpm Duration _______ hrs
Drawdown _____ (ft) (lowered water level - static water level)
Recovery time ________ hrs Recovered water level ________ (ft)

☐ Flowing Artesian Discharge _____ gpm Duration _______ hrs

14. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y	Water N

Completed Depth (Measurable):

Date Started: Date Completed:

15. DRILLER'S CERTIFICATION:
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name ____________________ Co. No. ________

*Principal Driller ____________________ Date ________

*Driller ____________________ Date ________

*Operator ____________________ Date ________

Other ____________________ Date ________

*** Signature of Principal Driller and rig operator are required.**