

**State of Idaho Department of Water Resources
GENERAL INSTRUCTIONS TO COMPLETE FORM 238(4)-2
AUTHORIZATION TO DECOMMISSION A WELL**

- A. Authorization forms(s) must be complete. Incomplete form(s) will be returned to applicant.
- B. Information provided on form(s) must be accurate. Incorrect information may invalidate authorization.
- C. Decommissioning must be performed by a well driller licensed in the State of Idaho per Idaho Code 42-238 unless a waiver has been granted.
- D. The well must be decommissioned in a manner compliant with IDAPA 37.03.09 Well Construction Standards Rules.
- E. There is no fee for an Authorization to Decommission a Well.
- F. Form(s) shall be submitted to the IDWR region in which the decommission is to occur at least seventy-two (72) hours prior to the decommission.
 - 1. Authorization for decommission must be granted before decommission work commences.
 - 2. Signed Original forms must be submitted to the IDWR region in which the decommission takes place.
- G. Complete Page 2 of this Form detailing the work completed and submit it to the appropriate IDWR regional office within 30 days of the completion of the work.

Western Region

2735 Airport Way
Boise, ID 83705-5082
Phone: (208) 334-2190
westerninfo@idwr.idaho.gov

Northern Region

7600 North Mineral Drive, STE 100
Coeur d'Alene, ID 83815
Phone: (208) 762-2800
northerninfo@idwr.idaho.gov

Eastern Region

900 North Skyline Drive STE A
Idaho Falls, ID 83402-1718
Phone: (208) 525-7161
easterninfo@idwr.idaho.gov

Southern Region

650 Addison Ave W, Ste 500
Twin Falls, ID 83301-5858
Phone: (208) 736-3033
southerninfo@idwr.idaho.gov

**State of Idaho Department of Water Resources
AUTHORIZATION TO DECOMMISSION A WELL**

1. **WELL OWNER INFORMATION:** (The well owner is the person who legally owns the property.)

Name: _____
Current Mailing Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: (_____) _____

2. **WELL LOCATION:** (GPS required in Degrees Decimal Minutes.)

Twp. _____, Rge. _____, Sec. _____, _____ 1/4 _____ 1/4 _____ 1/4
(10) (40) (160)
Gov't Lot No. _____ County _____ Lat. _____ Long. _____
Street Address of Well Location: _____
City: _____ Lot, block and subdivision: _____

3. **TYPE OF WELL:**

☐ DOMESTIC ☐ MONITORING ☐ IRRIGATION ☐ OTHER _____ (Describe)

4. **WELL INFORMATION:** (*Casing size, well depth & static water level data are required.)

Well Tag Number: _____ Previous Drilling Permit Number: _____
Water Right Number: _____ - _____
Well Log on File? (Provide if available) ☐ Yes ☐ No Temperature: ☐ less than 85°F ☐ greater than 85°F
*Casing Size: _____ *Material: _____ *Well Depth _____ (measured)
*Current Static Water Level: _____ (measured) Flowing Artesian? ☐ Yes ☐ No

5. **REASON FOR DECOMMISSION OF THE WELL:**

6. **PROPOSED METHOD OF DECOMMISSIONING:** (Must be consistent with IDAPA 37.03.09. This Application must be reviewed prior to commencement of the decommission.)

7. **Drilling company name:** _____ **company lic. No.** _____

8. **Proposed date of decommission:** _____

9. **Applicants signature:** _____

10. **Title:** _____ **date:** _____

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This decommission application has been reviewed by IDWR on: _____/_____/_____

This review does not constitute an endorsement by IDWR of the proper decommission of this well. Pursuant to Section 42-238(12), Idaho Code, all decommissions must meet the requirements of the Administrative Rules for Well Construction Standards. **Decommissioning of this well will require the services of a well driller licensed in the State of Idaho unless a waiver has been granted.**

Signature of Authorized Department Representative

Title



State of Idaho Department of Water Resources
WELL DECOMMISSIONING REPORT

This form reports the activities of a licensed Idaho well driller and serves as the official record of work done for a well decommissioning. This form is to be completed by the driller and filed with IDWR within 30 days of completion of the work.

Sealing Material:

Seal material (grout, bentonite chips, etc.)	From (ft)	To (ft)	Quantity (lbs, bags, ft')	Placement method/procedure (pumped, poured, etc.)

Casing:

Was the casing perforated? Yes No

If yes, list number, depths, and method of creating perforations:

From (ft)	To (ft)	Number/ft	Size	Method created (mill knife, perforate, etc.)

Was the casing removed? Yes If yes, indicate the amount of casing removed (feet): _____

No

Was the casing cut at or below grade? Yes

No

Narrative:

DRILLER'S CERTIFICATION

I/We certify that this well was decommissioned under my direct supervision, according to all minimum well construction standards, and this report is complete and accurate to the best of our knowledge.

Drilling Company: _____ License # _____

Principal Driller: _____ Date: _____

Operator: _____ Date: _____