Form 238-7
Rev 7/12/23

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D ____________________

Drilling Permit No. ____________________

Water right or injection well # ____________________

2. OWNER: ____________________

Name ____________________

Address ____________________

City ____________ State ________ Zip ________

3.WELL LOCATION:

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

Sec. __________ ______1/4 (40 acres) ______1/4 (160 acres)

Gov't Lot __________ County ____________________

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

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

Address of Well Site ____________________

____________________ (Give at least name of road + Distance to Road or Landmark) City ____________

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 ☐ N Shoe Depth(s) ____________

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method ____________

Manufactured screen ☐ Y ☐ N Type ____________

Method of installation ____________

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule

Length of Headpipe ____________ Length of Tailpipe ____________

Packer ☐ Y ☐ N Type ____________

10.FILTER PACK:

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

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☐ N Artesian Pressure (PSIG) ____________

Describe control device ____________

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) ________ Static water level (ft) ________

Water temp. (^{0}F) ________ Bottom hole temp. (^{0}F) ________

Describe access port ____________________

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☐	☐
☐	☐	☐	☐

Water quality test or comments: ____________________

13. 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:

14. 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 ________

*Operator ____________________ Date ________

Other ____________________ Date ________

Other ____________________ Date ________

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