



© 1995 NEZ PERCE TRIBE

Nez Perce

WATER RESOURCES DIVISION
 P.O. BOX 365 - LAPWAI, IDAHO - (208) 843-7368 - FAX (208) 843-7371

WELL DRILLER'S REPORT

1. WELL TAG NO.: _____

Drilling Permit No.: _____

Water Right or Injection Well No.: _____

2. OWNER:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

3. WELL LOCATION:

Twp.: _____ Rge.: _____ Sec.: _____
 _____ ¼ _____ ¼ _____ ¼

Gov't. Lot: _____ County: _____

Latitude: _____ ° (deg. decimal minutes)

Longitude: _____ ° (deg. decimal minutes)

Address of Well Site: _____

City: _____ State: _____ Zip: _____

Lot: _____ Blk.: _____ Sub. Name: _____

4. USE:

- Domestic Municipal Irrigation Thermal
 Monitor Injection _____

5. TYPE OF WORK:

- New Well Replacement Well Modify Well
 Abandonment Other: _____

6. DRILL METHOD:

- Air Rotary Mud Rotary Cable _____

7. SEALING PROCEDURES:

Seal Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement Method/ Procedure

8. CASING/LINER:

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

Was drive shoe used? Yes No

Shoe Depth(s) _____

9. PERFORATIONS/SCREENS:

Perforations Yes No Method _____

Manufactured Screen Yes No

Type: _____

Method of Installation: _____

From (ft)	To (ft)	Slot Size	Number /ft	Diameter (Nominal)	Material	Gauge or Schedule

Length of Headpipe: _____ Tailpipe: _____

Packer? Yes No Type: _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement Method

11. FLOWING ARTESIAN:

Flowing Artesian? Yes No

Pressure (PSIG): _____

Describe control device: _____

12. STATIC WATER LEVEL/ WELL TESTS:

Depth first water encountered (ft): _____

Static water level (ft): _____

Water Temp (°F): _____

Bottom hole temp (°F): _____

Describe access port: _____

Well Test/Test Method:

Drawdown (ft)	Discharge or yield (gpm)	Duration (minutes)	Pump	Bailer	Air	Flowing Artesian

Water Quality comments: _____

13. DRILLERS 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 II: _____ Date: _____

Operator I: _____ Date: _____

***Denotes required signatures.**

<i>FOR ADMINISTRATIVE USE</i>	
Received By:	
Date:	Time:

14. LITHOLOGICAL LOG and/or repairs or abandonment:

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