

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0089670

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: Mike Fossi

Name _____

Address 56 Country Living Lane

City Salmon State ID Zip 83467

3. WELL LOCATION:

Twp. 21 North ☒ or South ☐ Rge. 22 East ☒ or West ☐

Sec. 11 SE 1/4 SE 1/4 SE 1/4

Gov't Lot _____ County Lemhi

Lat. 45 ° 09.4241 (Deg. and Decimal minutes)

Long. 113 ° 48.7826 (Deg. and Decimal minutes)

Address of Well Site 56 Country Living Lane

City Salmon

(Give at least name of road + distance to road or landmark)

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
<u>Bentonite</u>	<u>0</u>	<u>58</u>	<u>1900 lbs</u>	

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>2</u>	<u>58</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☐ N Method _____

Manufactured screen ☒ Y ☐ N Type Pvc

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>20</u>	<u>480</u>	<u>20#</u>			<u>Pvc</u>	

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
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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) 63

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access point _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	<u>5+</u>	

Test method:

Pump	Bailer	Air	Flowing artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	N
<u>10</u>	<u>0</u>	<u>58</u>	<u>brown Clay gravel mix</u>		
<u>8</u>	<u>58</u>	<u>250</u>	<u>gray Clay Stone</u>		<input checked="" type="checkbox"/>
<u>8"</u>	<u>250</u>	<u>278</u>	<u>gray Clay Stone hard</u>		<input checked="" type="checkbox"/>
<u>8"</u>	<u>278</u>	<u>305</u>	<u>tan Clay hard trace water</u>	<input checked="" type="checkbox"/>	
<u>8</u>	<u>305</u>	<u>320</u>	<u>tan Clay hard</u>		<input checked="" type="checkbox"/>
<u>8</u>	<u>320</u>	<u>350</u>	<u>gray Clay hard</u>		<input checked="" type="checkbox"/>
<u>8</u>	<u>350</u>	<u>355</u>	<u>tan Clay hard</u>		<input checked="" type="checkbox"/>
<u>8</u>	<u>355</u>	<u>400</u>	<u>gray Clay hard 3-5 water</u>	<input checked="" type="checkbox"/>	
<u>8</u>	<u>400</u>	<u>434</u>	<u>gray Clay hard trace of water</u>	<input checked="" type="checkbox"/>	
<u>8</u>	<u>434</u>	<u>465</u>	<u>tan Clay trace of water</u>	<input checked="" type="checkbox"/>	
<u>8</u>	<u>465</u>	<u>477</u>	<u>brown Clay hard</u>		<input checked="" type="checkbox"/>
<u>8</u>	<u>477</u>	<u>500</u>	<u>gray Clay Stone hard</u>		<input checked="" type="checkbox"/>

RECEIVED

MAR 15 2022

Department of Water Resources
Eastern Region

Completed Depth (Measurable):

Date Started: 04/13/2021 Date Completed: 09/16/2021

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 Teton Water Works Co. No. 506

*Principal Driller [Signature] Date _____

*Driller _____ Date _____

*Operator II [Signature] Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.