

# IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0080473

Drilling Permit No. \_\_\_\_\_

Water right or injection well # \_\_\_\_\_

2. OWNER: Chris Lamorena

Name \_\_\_\_\_

Address PO Box 566

City Ucon State ID Zip 83454

3. WELL LOCATION:

Twp. 20 North  or South  Rge. 22 East  or West

Sec. 6 1/4 SE 1/4 NE 1/4

Gov't Lot \_\_\_\_\_ County \_\_\_\_\_

Lat. 45 ° 5.52 (Deg. and Decimal minutes)

Long. -113 ° 53.817 (Deg. and Decimal minutes)

Address of Well Site 56 Fife 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 <sup>3</sup> )	Placement method/procedure
<u>grout</u>	<u>0</u>	<u>40</u>	<u>130 GRL</u>	<u>Pull Pipe</u>
<u>Net sweep</u>				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6"</u>	<u>12</u>	<u>40</u>	<u>750</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<u>4.5"</u>	<u>20</u>	<u>440</u>	<u>120</u>	<u>PLC</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<u>Concrete</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used?  Y  N Shoe Depth(s) \_\_\_\_\_

9. PERFORATIONS/SCREENS:

Perforations  Y  N Method Factory 0.20

Manufactured screen  Y  N Type \_\_\_\_\_

Method of installation \_\_\_\_\_

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>360</u>	<u>440</u>	<u>20</u>		<u>4.5</u>	<u>PLC</u>	<u>120</u>
<u>360</u>	<u>UP</u>	<u>Blank</u>				

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

Packer  Y  N Type \_\_\_\_\_

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft <sup>3</sup> )	Placement method
<u>Washed Gravel</u>	<u>440</u>	<u>440</u>	<u>3 Yards</u>	<u>Pose From Top</u>

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) 8

Water temp. (°F) \_\_\_\_\_ Bottom hole temp. (°F) \_\_\_\_\_

Describe access port \_\_\_\_\_

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Baller	Air	Flowing artesian
	<u>30F</u>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Test method:

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>5</u>	<u>TOP SOIL</u>		
	<u>5</u>	<u>20</u>	<u>Blue clay, lens Cobble</u>	<input checked="" type="checkbox"/>	
	<u>20</u>	<u>25</u>	<u>Rock Clay mix</u>		
	<u>25</u>	<u>110</u>	<u>Rock white</u>	<input checked="" type="checkbox"/>	
	<u>110</u>	<u>270</u>	<u>Rock of clay mix</u>		
	<u>270</u>	<u>315</u>	<u>Hard Rock</u>	<input checked="" type="checkbox"/>	
	<u>315</u>	<u>405</u>	<u>Rock with Fractures</u>	<input checked="" type="checkbox"/>	
	<u>405</u>	<u>440</u>	<u>Rock Fractures some clay</u>	<input checked="" type="checkbox"/>	

Good well  
pumped out 30 GPM  
Clean

JAN 15 2021

Department of Water Resources  
Eastern Region

Completed Depth (Measurable): \_\_\_\_\_  
Date Started: 5-6-19 Date Completed: 5-15-19

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 5/6/2019

\*Driller \_\_\_\_\_ Date \_\_\_\_\_

\*Operator II \_\_\_\_\_ Date \_\_\_\_\_

Operator I \_\_\_\_\_ Date \_\_\_\_\_

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