Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0089209

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: Alan Teller

Name _____

Address 7 Truth Drive

City Salmon State ID Zip 83467

3.WELL LOCATION:

Twp. 20 North ☒ or South ☐ Rge. 21 East ☒ or West ☐

Sec. 12 SW (10 acres) 1/4 SE (40 acres) 1/4 _____ (160 acres) 1/4

Gov't Lot _____ County Lemhi

Lat. 45 ° 04.253 (Deg. and Decimal minutes)

Long. 113 ° 55.305 (Deg. and Decimal minutes)

Address of Well Site Truth Drive

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

Lot. C 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 ft³)	Placement method/procedure
Bentonite	0	50	30 Bags	Pump 10" Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6"	+1	50	280	Steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

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
20	100	Blank		4.5	PVC	Gorta lock
100	180	30		4.5	PVC	

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

10.FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
Washed gravel	180	50	2 Yard	Poured at Surface

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) 40

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

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	20+	

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
10	0	6	Top Soil		
	6	10	Sand & gravel,		
	10	18	"		
	18	26	Sand & gravel		
	26	28	Soft Rock		
8	28	42	Rock		
	42	45	Compacted sand		
	45	125	Rock		
	125	120	Hard Rock		

RECEIVED
MAR 15 2022
Department of Water Resources
Eastern Region

Completed Depth (Measurable): 180

Date Started: 06/15/2021 Date Completed: 06/17/2021

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 _____ Date _____

*Driller Hunter Bond Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

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