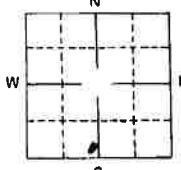


USE TYPEWRITER OR
BALLPOINT PEN

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Jim Deppeler</u> Address <u>Macon</u> Owner's Permit No. <u>87-78-N-3</u>		7. WATER LEVEL Static water level <u>31</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ °F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug																																															
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA ☐ Pump ☐ Baller ☒ Other Air Test <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Drawdown</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>10</td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Drawdown	Hours Pumped	10																																										
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>2</td><td>Soil</td><td></td><td>X</td></tr><tr><td>8</td><td>2</td><td>30</td><td>Clay decomposed Granite</td><td></td><td>X</td></tr><tr><td>8</td><td>30</td><td>45</td><td>Granite</td><td></td><td>X</td></tr><tr><td>8</td><td>45</td><td>78</td><td>Soft Granite</td><td></td><td>X</td></tr><tr><td>8</td><td>78</td><td>238</td><td>Granite</td><td>X</td><td></td></tr><tr><td>8</td><td>238</td><td>255</td><td>Granite</td><td>X</td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8	0	2	Soil		X	8	2	30	Clay decomposed Granite		X	8	30	45	Granite		X	8	45	78	Soft Granite		X	8	78	238	Granite	X		8	238	255	Granite	X	
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																	
5. WELL CONSTRUCTION Diameter of hole <u>8</u> inches Total depth <u>255</u> feet Casing schedule: ☒ Steel ☐ Concrete <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>8</u> inches</td><td><u>0</u> feet</td><td><u>37</u> feet</td></tr><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>37</u> feet</td><td><u>255</u> feet</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No How perforated? ☒ Factory ☐ Knife ☐ Torch Size of perforation <u>1/8</u> inches by <u>12</u> inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>300</u> perforations</td><td><u>95</u> feet</td><td><u>255</u> feet</td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>37</u> Material used in seal: ☒ Cement grout ☐ Pudding clay ☐ Well cuttings Sealing procedure used: ☐ Slurry pit ☐ Temporary surface casing ☒ Overbore to seal depth		Thickness	Diameter	From	To	<u>250</u> inches	<u>8</u> inches	<u>0</u> feet	<u>37</u> feet	<u>250</u> inches	<u>6</u> inches	<u>37</u> feet	<u>255</u> feet													Number	From	To	<u>300</u> perforations	<u>95</u> feet	<u>255</u> feet																		
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Latah</u> <u>SE</u> 1/4 <u>SW</u> 1/4 Sec. <u>27</u> , T. <u>40</u> N., R. <u>5</u> E.		10. Work started <u>6/23/78</u> finished <u>6/29/78</u>																																															
		11. DRILLERS CERTIFICATION Firm Name <u>Adcock & Billing</u> Firm No. <u>115</u> Address <u>Reverston Idaho</u> Date <u>12/5/78</u> Signed by (Firm Official) <u>Ted Wright</u> and <u>Mike Wright</u> (Operator)																																															

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT