Form 238-7
4/92

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Department of Water Resources

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.

USE TYPEWRITER OR BALLPOINT PEN

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Department of Water Resources
Western Regional Office

1. WELL OWNER

Name Tom Hoppock

Address HC 78 Box 3783 Ola, ID 83657

Drilling Permit No. 65-92-W-345

Water Right Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other Plastic

Thickness	Diameter	From	To
.250 inches	6 inches	+ 1 feet	99 feet
.188 inches	4 1/2 inches	10 feet	170 feet
____ inches	____ inches	____ feet	____ feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 6 inches by 1/4 inches

Number	From	To
920 perforations	80 feet	170 feet
____ perforations	____ feet	____ feet
____ perforations	____ feet	____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

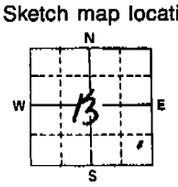
Diameter ____ Slot size ____ Set from ____ feet to ____ feet
Diameter ____ Slot size ____ Set from ____ feet to ____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☐ Solvent Weld ☐ Cemented between strata

Describe access port Sani Seal

6. LOCATION OF WELL

Sketch map location **must** agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____
County Gem
Address of Well Site HC 78 Box 3783
(give at least name of road)
SE ¼ SE ¼ Sec. 13, T. 10 N ☒ or S ☐, R. 1 E ☒ or W ☐

7. WATER LEVEL

Static water level 40' feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☒ Plug
Temperature 54 °F. Quality Good
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
80 gpm	170'	2 hrs

9. LITHOLOGIC LOG

090542

Bore Diam.	Depth From	Depth To	Material	Water Yes	Water No
10	0	3	Topsoil		✓
10	3	18	Basalt Black		✓
6	18	160	Basalt Black	✓	
6	160	170	Basalt Black + Red		✓

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AUG 09 1993

10.

Work started 11-27-92 finished 11-27-92

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Salmon Valley Drilling Firm No. 489
Address P.O. Box 26 Emmett Date 11/27-92
Signed by Drilling Supervisor _____
and
(Operator) Lonel Selves
(If different than the Drilling Supervisor)

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