Form 238-7
3/95
Starships Consulting and Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

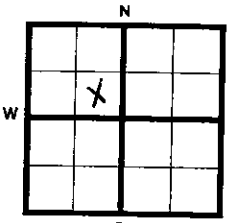
Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by_____
Twp_____Rge_____ Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-96-N-176-000
Other IDWR No. _____

2. OWNER **Well Number:** 514
Name MORT, TERRY
Address E 2960 KILLDEER LN
City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 51 ☒ North or ☐ South
Rge. 05 ☐ East or ☒ West
Sec. 25 _____ 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site SAME AS ABOVE
City POST FALLS
(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement, etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	100	3 SACKS	Powder/ 1 Crumb

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) 0
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	303	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations Method TORCH CUT
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
299	302	1/16	8	6	STEEL	☒	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
240 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20 TO 25			1.5 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAN
Depth first Water encountered 250'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	2	Topsoil Brown	☐	☒
8	2	30	Cobbles, Sands, Clays	☐	☒
8	30	120	Gravels Sands	☐	☒
8	120	240	Cemented Gravels	☐	☒
8	240	290	Small Gravels Fine Sands	☒	☐
8	290	304	Large Gravels	☒	☐
	0	0	1X6 Well Cap	☐	☐

Completed Depth 304' (Measurable)
Date: Started 11/27/96 Completed 12/02/96

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

Firm Name **H20 WellService, Inc.** Firm No. 448
Firm Official _____ Date _____
and
Supervisor or Operator _____ Date _____
(Sign Once if Firm Offical and Operator)