RECEIVED

Form 238-7
3/95
Starships Consulting Management Services

JAN 15 1998

NORTHERN REGION IDWR

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Please Typewriter or Ballpoint Pen

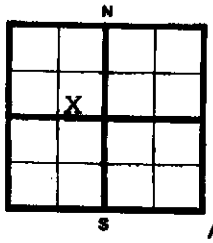
697010

Office Use Only
Inspected by
Twp Rge Sec
1/4 1/4 1/4
Lat: Long:

1. DRILLING PERMIT NO. TAG#D0003548
Other IDWR No. 96-97-N-244

2. OWNER **Well Number:** 649
Name HARRIS, GARY
Address PO BOX 268
City ATHOL State ID Zip 83801

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



Twp. 53 ☑ North or ☐ South
Rge. 03 ☐ East or ☑ West
Sec. 03 1/4 SE 1/4 NW 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site GRAND RD
City ATHOL
(Give at least name of road + Distance to Road or Landmark)
____ 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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	20	2 SACKS	SLURRY

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	421	.250	STEEL	☑	☐	☑	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☐ Perforations Method ____
☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

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

SENW 3 53N 3W

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

Yield gal./min.	Drawdown	Pumping Level	Time
10			1 HR

Water Temp. ____ Bottom Hole Temp ____
Water Quality test or comments: ____
____ Depth first Water encountered ____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
10	0	18	TOPSOIL Sand Gravels	☐	☑
8	18	241	Sand & Gravels	☐	☑
8	241	311	Coarse Sands	☐	☑
8	311	421	Sands & Gravels	☑	☐

Completed Depth 421' (Measurable)
Date: Started 1/6/98 Completed 1/8/98

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 H2O WellService, Inc. Firm No. 448
Firm Official ____ Date 1/8/98
and
Supervisor or Operator ____ Date 1/8/98
(Sign Once if Firm Official and Operator)

(Todd Morgan)