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Form 238-7
11/97

FEB 08 2002

IDAHO DEPARTMENT OF WATER RESOURCES

IDWR/North

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0022137

DRILLING PERMIT NO. 773 300

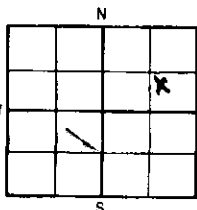
Other IDWR No.

2. OWNER:

Name David Schoepp
 Address 30133 N. Crowe Road
 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. 2 East ☐ or West ☒
 Sec. 18 NW 1/4 SE 1/4 NE 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____
 Address of Well Site same City _____

(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	18	250#		overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	443	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:

407 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

Office Use Only

Inspected by _____
 Twp _____ Rge _____ Sec _____
 _____ 1/4 _____ 1/4 _____ 1/4
 Lat: _____ Long: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25 gpm			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 443

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	1	Gravel		
	1	2	Boulder		
	2	13	Gravel, cobbles		
	13	18	Sand, gravel, coarse		
	18	24	Boulders		
	24	39	Gravel, silty brown		
	39	53	Gravel, cobbles		
	53	54	Boulders		
	54	78	Gravel, cobbles		
	78	116	Cobbles		
	116	124	Gravel, sand, coarse		
	124	144	Gravel, sand, fine		
	144	175	Silt, gravel, sand, tan		
	175	183	Gravel		
	183	198	Gravel, silt		
	198	247	Cobbles		
	247	268	Gravel		
	268	273	Boulder, sedimentary, grey		
	273	290	Boulders, cobbles		
	290	345	Gravel, sand, silt		
	345	356	Sand		
	356	385	Sand, silt, brown		
	385	425	Sand, coarse, silt		
	425	443	Sand, coarse	X	

Completed _____ Depth 443' (Measurable)
 Date: Started 02/02/02 Completed 02/04/02

13. DRILLER'S CERTIFICATION

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

Company Name McCarty Drilling & Pump Inc Firm No. 586Firm Official [Signature] Date 2/5/02

and
 Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)