Form 238-7
7/98
Starships Consulting and Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED

076787

Office Use Only
Inspected by_____
Twp____Rge____Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. WELL TAG NO. D10884 DEC 17 1999

Drilling Permit No: 95-99-N-203

Other IDWR No. IDWR/North

2. OWNER **Well Number:** 982

Name CHIDESTER, LANE

Address PO BOX 2771

City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N

	X		

E S

Twp. 52 ☑ North or ☐ South

Rge. 05 ☐ East or ☑ West

Sec. 35 ____ 1/4 SE 1/4 SW 1/4

Gov't Lot ____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site HIDDEN VALLEY RD

City RATHDRUM

(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	8 SACKS	CRUMBLE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 40

Was drive shoe seal tested? ☐ Y ☐ N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	.250	STEEL	☑	☐	☑	☐
4	-30	270	.160	PVC	☐	☑	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS

☑ Perforations Method SKILLSAW

☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-230	270	1/8X6	40	4	PVC	☐	☑

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure ____ lb.

Depth flow encountered ____ ft. Describe access port or control devices: ____

52N 5W 35

11. WELL TESTS:

☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25 GPM			2 HRS

POSTED

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 204'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	38	TOPSOIL	☐	☑
6	38	75	Granite Gray Soft	☐	☑
6	75	130	Granite Medium	☐	☑
6	130	195	Granite Gray Medium	☐	☑
6	195	197	Granite Rose Medium	☐	☑
6	197	204	Granite Green Mediium	☐	☑
6	204	260	Granite Gray Medium	☑	☐
6	260	270	Granite Gray & White Medium	☐	☑

Completed Depth 270' (Measurable)

Date: Started 12/6/99 Completed 12/7/99

13. DRILLER'S CERTIFICATION

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

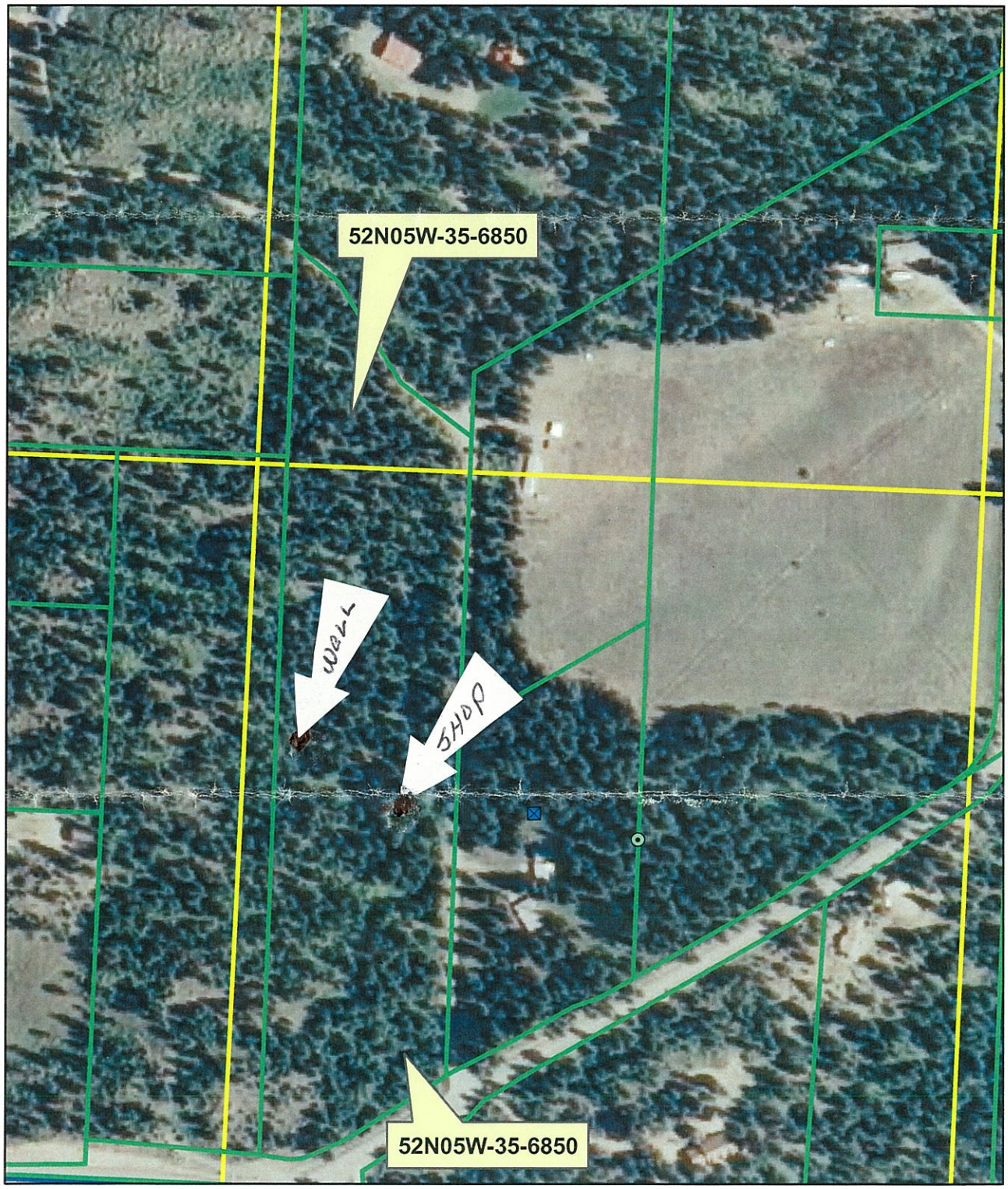
Firm Name H20 WellService, Inc. Firm No. 448

Firm Official [signature] Date 12/7/99

and

Supervisor or Operator [signature] Date 12/7/99

(Sign Once if Firm Offical and Operator)

(Jim McLeslie)

McQUINNEY PIN 52N05W-35-6850