Form 238-7
6/93

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ball Point Pen

POSTED

~~# A85160CDA1 WESTERN REGION 2/9/94 BS~~

1. DRILLING PERMIT NO. ~~95-94-W-0028-000~~
Other IDWR No. 95-93N238-1

2. OWNER:
Name DON Phillips
Address WINDSONG LANE
City RATHDRUM State Id Zip 83858

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

N / W / E / S

Sec 33
T. 52 North [X] or South [ ]
R. 4W East [ ] or West [X]
Sec. ~~23~~ 33 10 acres SW 40 acres 1/4 NE 160 acres 1/4
Gov't Lot ____ County ____

Address of Well Site WINDSONG LANE
(Give at least Direction + Distance to Road or Landmark)
Lot No. ____ Block No. ____ Subd. Name ____

4. PROPOSED USE:
[X] Domestic [ ] Municipal [ ] Monitor [ ] Irrigation
[ ] Thermal [ ] Injection [ ] Other ____

5. TYPE OF WORK
[X] New Well [ ] Modify or Repair [ ] Replacement [ ] Abandonment

6. DRILL METHOD
[ ] Mud Rotary [X] Air Rotary [ ] Cable [ ] Other, ____

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
CEMENT/BENTONITE	0	23	5 40 lbs	TEMP PIPE

Was drive shoe seal tested? YES NO How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Casing	Liner	Steel	Plastic	Welded	Threaded
6	+1	270	250	—	—	[X]	[ ]	[ ]	[ ]
						[ ]	[ ]	[ ]	[ ]
						[ ]	[ ]	[ ]	[ ]
						[ ]	[ ]	[ ]	[ ]

Final location of shoes 270'
Top Packer or Headpipe — Bottom Tailpipe —

9. PERFORATIONS/~~SCREENS~~
[X] Perforations Method ____
[ ] Screens Type ____ Material ____

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casing	Liner
262	249	1/8x6	48	6"		[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]
						[ ]	[ ]

SWNE 33 52N 4W

10. WELL TESTS:
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
30	MAX	268	4 HRS

Temperature of water — Was a water analysis done? Yes [ ] No [X]
By whom? ____
Water Quality (odor, etc.) good
Bottom Hole Temperature ____

11. STATIC WATER LEVEL:
239 ft. below surface Depth artesian flow found —
Artesian pressure — lb. Describe access port ____
Describe Controlling Devices: ____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SWL
8	0	8	TOP SOIL		
8/6	8	27	CLAY + GRAVEL		
6	27	46	MEDIUM GRAVEL 6" MINUS		
	46	49	SEA GRAVEL		
	49	60	MEDIUM " 3" MINUS		
	60	244	GRAVEL 3" MINUS		
	244	253	LARGE GRAVEL-12" MINUS		
	253	270	GRAVEL, SAND, SILT	30	

RECEIVED
FEB 09 1994
IDWR

LEGAL BY INSP. TDK

Date: Started 12-20-93 Completed 1-3-94

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 ~~DEEP~~ BRAND X W W Firm No. 289
Firm Official Landon Cordon Date 1-6-9
and
Supervisor or Operator ____ Date ____
(Sign once if Firm Official & Operator)

SCANNED
JUL 13 2009