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

# IDAHO DEPARTMENT OF WATER RESOURCES

# WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

77759

POSTED

Office Use Only
Inspected by_____
Twp_____Rge_____Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

**1. DRILLING PERMIT NO.** TAG#D3616
Other IDWR No. 95-98-H 95

**2. OWNER** **Well Number:** 693
Name NELSON, SUSAN
Address PO BOX 3335
City HAYDEN State ID Zip 83835

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

N / W / E / S — X

Twp. 50 ☑ North or ☐ South
Rge. 05 ☐ East or ☑ West
Sec. 08 SE 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site OFF W RIVRVW/SIG
City POST FALLS
(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 | 18 | 3 BAGS | OVERBORE |
| | | | | |
| | | | | |

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 18
Was drive shoe seal tested? ☑ Y ☐ N How? Drove into Rock

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6 | +2 | 18 | .250 | STEEL | ☑ | ☐ | ☑ | ☐ |
| 4 | -5 | .280 | .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 |
|---|---|---|---|---|---|---|---|
| 220 | 280 | 1/8X4 | 210 | 4 | PVC | ☐ | ☑ |
| | | | | | | | |
| | | | | | | | |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
90 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 |
|---|---|---|---|
| 25+ GPM | | 280 | 2 HR |
| | | | |
| | | | |

Water Temp. COLD Bottom Hole Temp _____
Water Quality test or comments: GOOD
_____ Depth first Water encountered 255'

**12. LITHOLOGIC LOG:(Describe repairs or abandonment)**

| Bore Diam | From | To | Remarks: Lithology, Water Quality, Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 8 | 0 | 4 | Soil W/Granite Rock | ☐ | ☑ |
| 8 | 4 | 18 | Granite Decomposed Brown | ☐ | ☑ |
| 6 | 18 | 26 | Granite Decomposed Brown White | ☐ | ☑ |
| 6 | 26 | 79 | Granite Black & White Medium | ☐ | ☑ |
| 6 | 79 | 84 | Granite Brown & White Soft | ☐ | ☑ |
| 6 | 84 | 90 | Granite Black & Copper Medium | ☐ | ☑ |
| 6 | 90 | 95 | Granite White & Tan Medium | ☐ | ☑ |
| 6 | 95 | 100 | Granite Brown White Black Soft | ☐ | ☑ |
| 6 | 100 | 128 | Granite Black Brown White Soft | ☐ | ☑ |
| 6 | 128 | 135 | Granite Green Black Copper Medium | ☐ | ☑ |
| 6 | 135 | 162 | Granite White Black Copper Medium | ☐ | ☑ |
| 6 | 162 | 176 | Granite Black & White Hard | ☐ | ☑ |
| 6 | 176 | 241 | Granite Black Copper White Medium | ☐ | ☑ |
| 6 | 241 | 255 | Granite White Black Copper Soft | ☐ | ☑ |
| 6 | 255 | 264 | Granite Green White Black Soft W/Wa | ☑ | ☐ |
| 6 | 264 | 272 | Granite White & Black Medium | ☐ | ☑ |
| 6 | 272 | 280 | Granite Black Copper Medium | ☐ | ☑ |
| | 0 | 0 | Bolt on Cap | ☐ | ☐ |

RECEIVED
MAY 20 1998
NORTHERN REGION
IDWR

Completed Depth 280' (Measurable)
Date: Started 5/7/98 Completed 5/7/98

**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 H20 WellService, Inc. Firm No. 448
Firm Official _____ Date 5/7/98
and
Supervisor or Operator _____ Date 5/7/98
(Sign Once if Firm Official and Operator)
(Louie Hanner)