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

# IDAHO DEPARTMENT OF WATER RESOURCES
# WELL DRILLER'S REPORT

| Office Use Only |
|---|
| Inspected by ______ |
| Twp ___ Rge ___ Sec ___ |
| ___1/4 ___1/4 ___1/4 |
| Lat: : : Long: : : |

**1. WELL TAG NO.** D5817
Drilling Permit No:
Other IDWR No.

**2. OWNER** **Well Number:** 851
Name CHANDLER, JUDY
Address 1419 SYRINGA DR
City CDA State ID Zip 83814

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

(Sketch map grid: N at top, S at bottom, E; X marked in lower-left section)

Twp. 52 [✓] North or [ ] South
Rge. 03 [ ] East or [✓] West
Sec. 17 ___ 1/4 SE 1/4 SW 1/4
Gov't Lot ___ County KOOTENAI
Lat: : : Long: : :
Address of Well Site GLACIAL RIDGE
City HAYDEN
(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 Material | From | To | AMOUNT Sacks or Pounds | METHOD |
|---|---|---|---|---|
| BENTONITE | 0 | 20 | 8 SACKS | OVERBORE/SLURRY |

Was drive shoe used? [ ] Y [ ] N Shoe Depth(s) 0
Was drive shoe seal tested? [ ] Y [ ] N How? ___

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing | Liner | Welded | Threaded |
|---|---|---|---|---|---|---|---|---|
| 6 | +2 | 440 | .250 | STEEL | [✓] | [ ] | [✓] | [ ] |
| 4 | 400 | 600 | .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 |
|---|---|---|---|---|---|---|---|
| 560 | 600 | 1/8X6 | 84 | 4 | PVC | [ ] | [✓] |

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

**11. WELL TESTS:**
[x] Pump [ ] Bailer [✓] Air [ ] Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|---|---|---|---|
| 3 GPM | | | |
| 5GPM | | | 4 Hours |

Water Temp. ___ Bottom Hole Temp ___
Water Quality test or comments: ___
Depth first Water encountered 430'

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

| Bore Diam. | From | To | Remarks: Lithology, Water Quality, Temperature | Water Y | Water N |
|---|---|---|---|---|---|
| 10 | 0 | 3 | TOPSOIL | | ✓ |
| 10 | 3 | 20 | Sands Gravels | | ✓ |
| 8 | 20 | 110 | Sands Course Gravels | | ✓ |
| 8 | 110 | 150 | Clay Gray Hard | | ✓ |
| 8 | 150 | 200 | Clay & Gray Medium Hard | | ✓ |
| 8 | 200 | 270 | Clay Brown | | ✓ |
| 8 | 270 | 300 | Clay Red | | ✓ |
| 8 | 300 | 430 | Clay Tan W/Soft Shale | | ✓ |
| 8 | 430 | 480 | Shale Gray Medium | ✓ | |
| 8 | 480 | 510 | Shale Green Gray Medium | | ✓ |
| 8 | 510 | 600 | Shale Gray | | ✓ |

Completed Depth 600' (Measurable)
Date: Started 3/8/99 Completed 3/12/99

**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 H2O Well Service, Inc. Firm No. 448
Firm Official [signature] Date 3/12/99
and
Supervisor or Operator [signature] Date 3/12/99
(Sign Once if Firm Official and Operator)

(Jim McLeslie)