

MAY 12 1997

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097812

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long
:	:	:	:

1. DRILLING PERMIT NO. NORTHERN REGION

Other IDWR No. 95-97-N-019-000

2. OWNER

Name BILLINGLEA, CHRISTOPHER Well Number: 539

Address 16915 LEMMIG LANE

City WAYNESVILLE State MO Zip 65583

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N			
	X		
S			

Twp. 50 ☒ North or ☐ South
Rge. 04 ☐ East or ☒ West
Sec. 08 1/4 NE 1/4 SW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site E RIVERVIEW DRD

City POST FALLS

(Give at least name of road + Distance to Road or Landmark)

Bk. _____ 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		
BENTONITE	0	23	2 SACKS	SLURRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 23

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	23	.250	STEEL	☒	☐	☒	☐
4	-5	540	.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
-500	-540	1/8X6	120	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: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	3	Topsoil	☐	☒
8	3	15	Clay Brown	☐	☒
8	15	23	Granite Brown Decomposed	☒	☐
6	23	180	Granite Gray	☐	☒
6	180	183	Granite Gray Green Fracture 2 gum	☒	☐
6	183	270	Granite Salt & Pepper Medium	☐	☒
6	270	273	Granite Black Brown Soft	☒	☐
6	273	290	Granite Black Medium	☐	☒
6	290	310	Granite Black medium	☐	☒
6	310	480	Granite Black medium	☐	☒
6	480	540	Granite Gray & Green Occasional Frac	☒	☐

Completed Depth 540' (Measurable)

Date: Started 4/22/97 Completed 4/24/97

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 WellService, Inc. Firm No. 448

Firm Official [Signature] Date 4/28/97

and Supervisor or Operator [Signature] Date 4/28/97

(Sign Once If Firm Official and Operator)

(MCLESLIE, JIM)

95-13334

SCANNED

AUG 17 2009

NESW 8 50N 4W