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

POSTED

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MAY 12 1997
NORTHERN REGION
IDWR

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

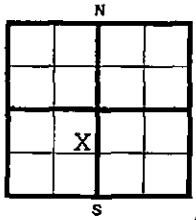
0978812

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

1. DRILLING PERMIT NO. 95-97-N-019-000
Other IDWR No. _____

2. OWNER **Well Number:** 539
Name BILLINGLEA, CHRISTOPHER
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



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)
____ 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	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:

NESW 8 50N 4W

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	Water 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 gpm	☑	☐
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 H20 WellService, Inc. Firm No. 448
Firm Official _____ Date 4/28/97
and
Supervisor or Operator _____ Date 4/28/97
(Sign Once if Firm Official and Operator)

(MCLESLIE, JIM)

95-13336

SCANNED

AUG 17 2009