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

IDAHO DEPARTMENT OF WATER RESOURCES

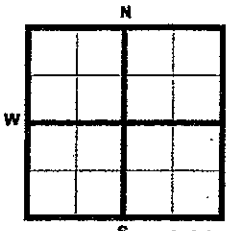
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0054660
Drilling Permit No:
Other IDWR No.

2. OWNER **Well Number:** 1430
Name FRANTZ, BRETT & PAULINE
Address 880 S. GREENSFERRY RD.
City COEUR D' ALENE State ID Zip 83814

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



Twp. 48N ☑ North or ☐ South
Rge. 05W ☐ East or ☑ West
Sec. 01 ____ 1/4 NE 1/4 SE 1/4
Gov't Lot ____ County KOOTENAI
Lattitude: Longitude:
Address of Well Site 9847 HAMAKER RD. TEM
City COEUR D ALENE
(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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	550 LBS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 248
Was drive shoe seal tested? ☐ Y ☑ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Materi	Casing	Liner	Welded	Threaded
8	+1	18	.250	STEEL	☑	☐	☑	☐
6	+2	248	.250	STEEL	☑	☐	☑	☐

Length of Headpipe 5 Length of Tailpipe 5

9. PERFORATIONS/SCREENS
☐ Perforations Method ____
☑ Screens Screen Type JOHNSON SS

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
252	257	10	1	5	SS	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
94 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 250 ft. Describe access port or control devices: ____

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
50+			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
____ Depth first Water encountered 45

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
12	0	5	Soil w/ Brown Clay	☐	☑
12	5	18	Hard Basalt	☐	☑
8	18	150	Basalt w/ .75 gpm	☑	☐
8	150	200	Black Clay	☐	☑
8	200	209	Gray Clay	☐	☑
8	209	220	Brown Clay, Sand & Water	☑	☐
8	220	244	Gray Clay	☐	☑
8	244	255	Sand w/Gray Silt 50+gpm	☑	☐
8	255	262	Hard Brown Clay	☐	☑

Completed Depth 262 (Measurable)
Date: Started 6/26/2008 Completed 7/9/2008

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 ____
and
Supervisor or Operator ____ Date 7/10/2008
JR CANTRALL (Sign Once if Firm Offical and Operator)