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: : :

77803

1. WELL TAG NO. D5223
Drilling Permit No: 95-98-N-140
Other IDWR No.

2. OWNER **Well Number:**
Name SCANLON, JACK 750
Address 6995 W RIVERVIEW
City POST FALLS State ID Zip 83854

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

POSTED

N
X
S

Twp. 50 ☑ North or ☐ South
Rge. 06 ☐ East or ☑ West
E Sec. 12 ____ 1/4 NW 1/4 SW 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site STATELINE
City POST FALLS
(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	3/3	SLURRY/Granula

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 150
Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	150	.250	STEEL	☑	☐	☑	☐

Length of Headpipe ____ Length of Tailpipe ____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

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

50N 6W 12

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

Yield gal./min.	Drawdown	Pumping Level	Time
15+			1 HR

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

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

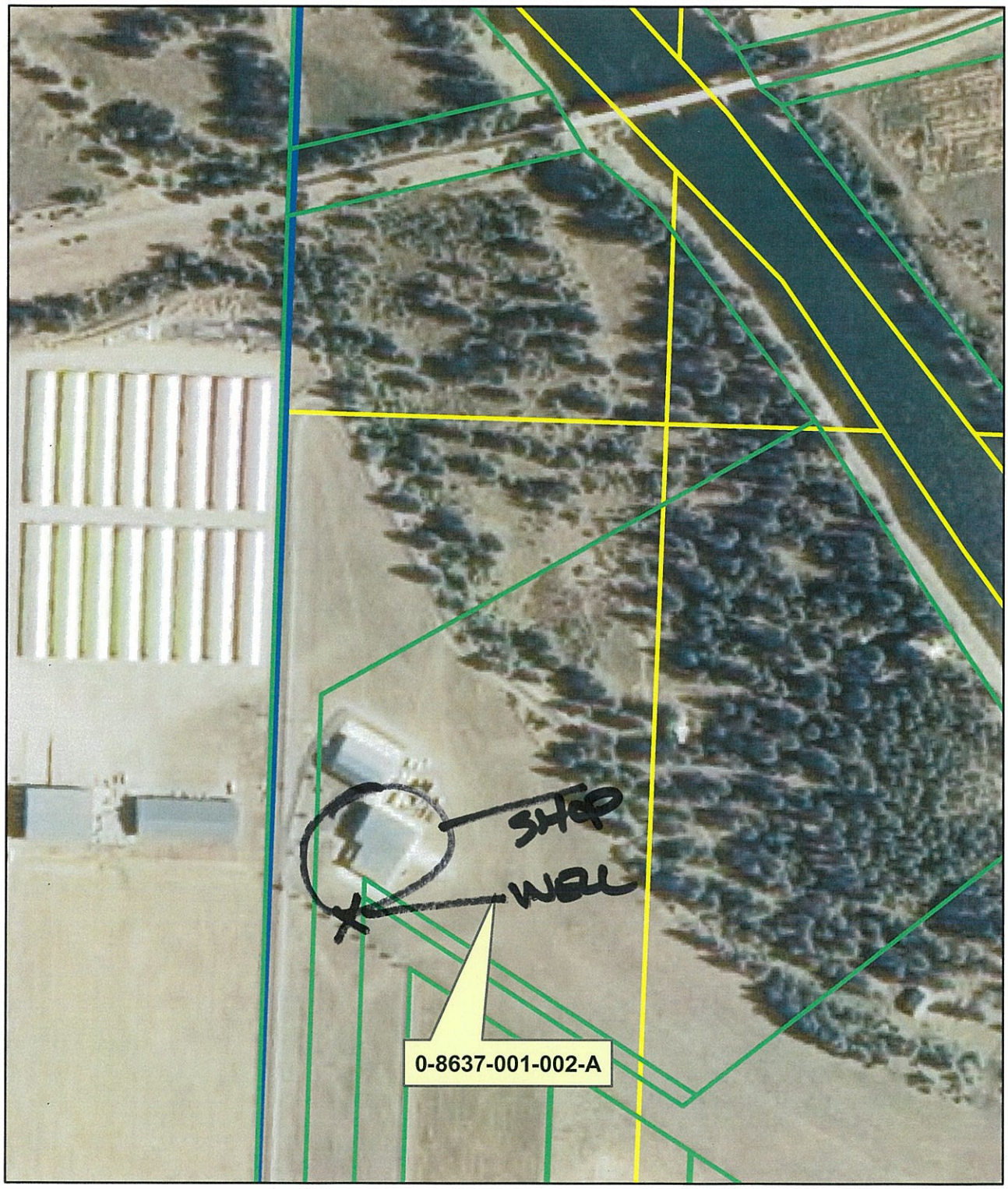
Bore Diam.	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
10	0	1	Topsoil	☐	☑
10	1	18	Gravel & Sand	☐	☑
8	18	79	Gravel & Sand	☐	☑
8	79	110	Gravels Sand W/Clay	☐	☑
8	110	120	Gravels & Sand	☐	☑
8	120	150	Gravels W/Coarse Sand	☑	☐
	0	0	Bolt on Cap	☐	☐

RECEIVED
AUG 19 1998
NORTHERN REGION
IDWR

Completed Depth 150' (Measurable)
Date: Started 8/13/98 Completed 8/13/98

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 H2O WellService, Inc. Firm No. 448
Firm Official ____ Date 8/13/98
and
Supervisor or Operator ____ Date 8/13/98
(Sign Once if Firm Official and Operator)

(Todd Morgan)

SCANLON PIN 0-8638-001-002-A