Form 238-7
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Starships Consulting and Management Services

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NORTHERN REGION
IDWR

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT 097891

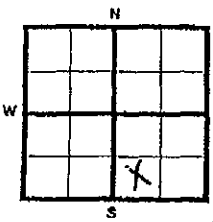
Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by_____
Twp____ Rge____ Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-96-N-137
Other IDWR No. STATE

2. OWNER **Well Number:** 456
Name ELLINGSON, DON
Address 6432 SHELENA
City SPOKANE State WA Zip 99223

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



Twp. 51 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 15 ____ 1/4 SW 1/4 SE 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site SUNSET BAY
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	18	6 SACKS	DRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18
Was drive shoe seal tested? ☐ Y ☐ N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☒	☐	☒	☐
4	-5	410	.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
370	410	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
30+			

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	18	Granite Brown Decomposed	☐	☒
6	18	40	Granite Brown Decomposed	☐	☒
6	40	240	Granite Gray Medium	☐	☒
6	240	255	Granite Rose Medium	☐	☒
6	255	410	Granite Gray	☐	☒
6	410	410	FRACTURE	☒	☐

Completed Depth 410' (Measurable)
Date: Started 09/06/96 Completed 09/09/96

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 [signature] Date 9-12-96
and
Supervisor or Operator [signature] Date 9-11-96
(Sign Once if Firm Official and Operator)

SWSE 15 51N 3W