CORRECTED REPORT

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: : :

RECEIVED AUG 02 2002 IDWR/North

1. WELL TAG NO. D0022437
Drilling Permit No: 28/0223
Other IDWR No.

2. OWNER **Well Number:** 441
Name CARLSON, CRISY
Address N. 12152 HAUSER LK RD.
City HAUSER State ID Zip 83854

POSTED

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

N / E / S

Twp. 52N ☑ North or ☐ South
Rge. 4W ☐ East or ☑ West
Sec. 16 SW 1/4 SE 1/4 ____ 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site DIAONAL SPLIT
(Give at least name of road + Distance to Road or Landmark) City RATHDRUM
Lt. 3 Blk. 1 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	8 BAGS	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	362	.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:
300 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 300 ft. Describe access port or control devices: ____

52N 4W 16

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

Yield gal./min.	Drawdown	Pumping Level	Time
30			1 HR.

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
____ Depth first Water encountered 300

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	3	Top Soil	☐	☐
8	3	31	Sand & Gravel	☐	☐
8	31	86	Sand, Gravel w/Cobble	☐	☐
8	86	281	Sand & Gravel	☐	☐
8	281	320	Coarse Sand	☑	☐
8	320	362	Sand & Gravel	☑	☐

Completed Depth 362 (Measurable)
Date: Started 7/29/02 Completed 7/31/02

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 8-1-02
and
Supervisor or Operator [signature] Date 8-1-02
(Sign Once if Firm Official and Operator)

Todd Morgan