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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

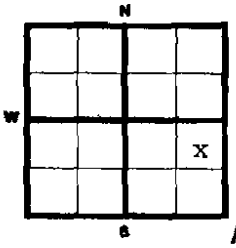
GPS: N 47° 46.803'
W 116° 46.173"

Office Use Only
Inspected by_____
Twp____Rge____Sec____
____1/4____1/4____1/4
Lat: 47: 46: 803 Long: 116: 46: 173

1. WELL TAG NO. D0035383
Drilling Permit No: _____
Other IDWR No. _____

2. OWNER **Well Number:** 822
Name Welburn, Ross #1
Address 12181 N Strahorn
City Hayden State ID Zip 83835

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



Twp. 51 ☑ North or ☐ South
Rge. 04 ☐ East or ☑ West
Sec. 12 ____ 1/4 NE 1/4 SE 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site 12181 N Strahorn
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	300 lbs	Overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	102	.250	Steel	☑	☐	☑	☐
4	-6	301	.160	PVC	☐	☑	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
240	250	10		4	PVC	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
185 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
3 1/2			1hr

Water Temp. Cold Bottom Hole Temp Cold
Water Quality test or comments: Clear
Depth first Water encountered 239

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam.	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	2	Top Soil	☐	☑
8	2	23	Clay w/Sand	☐	☑
8	23	30	Basalt	☐	☑
8	30	97	Clay w/Sand & Gravel	☐	☑
8	97	102	Basalt	☐	☑
5 1/2	102	239	Basalt	☐	☑
5 1/2	239	246	Sand w/water	☑	☐
5 1/2	246	251	Gray Clay Hard	☐	☑
5 1/2	251	264	Clay Brown	☐	☑
5 1/2	264	280	Clay Brown w/Sand	☐	☑
5 1/2	280	301	Clay Gray	☐	☑

Completed Depth 301 (Measurable)
Date: Started 9/7/2004 Completed 9/9/2004

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 09/13/04
and
Supervisor or Operator _____ Date 09/10/04
(Sign Once if Firm Official and Operator)

Todd Morgan