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

IDAHO D ARTMENT OF WATER RESOUR S

WELL DRILLER'S REPORT

POSTED

Office Use Only
Inspected by_____
Twp_____Rge_____ Sec_____
____1/4____1/4____1/4
Lat: : : Long: : :

94104

1. WELL TAG NO. D10507
Drilling Permit No: 95-99-N-0145-000
Other IDWR No. 754916

2. OWNER **Well Number:** 927
Name ELSTON, RICHARD #1
Address W 3312 CONNAUGHT
City SPOKANE State WA Zip 99205

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

N / E / S — X

Twp. 51 ☑ North or ☐ South
Rge. 03 ☐ East or ☑ West
Sec. 22 ____ 1/4 SW 1/4 SE 1/4
Gov't Lot_____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site 8508 S Hayden Lake
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	38	8 BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 38
Was drive shoe seal tested? ☐ Y ☐ N How?_____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	.250	STEEL	☑	☐	☑	☐
4	-8	103	.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
63	103	1/8X4	170	4	PVC	☐	☑

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
45 ft. below ground Artesian pressure_____ lb.
Depth flow encountered_____ ft. Describe access port or control devices: _____

5/N 3W 22

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

Yield gal./min.	Drawdown	Pumping Level	Time
5 GPM		100	1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: GOOD
Depth first Water encountered 63'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	15	TOPSOIL	☐	☑
8	15	38	Granite Decomposed Brown Soft	☐	☑
6	38	63	Granite Salt & Pepper Medium	☐	☑
6	63	68	Granite Salt & Pepper W/Green W/Wat	☑	☐
6	68	103	Granite Salt & Pepper	☐	☑

RECEIVED
FEB 11 2000
IDWR/North

Completed Depth 103' (Measurable)
Date: Started 8/26/99 Completed 8/26/99

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 08/26/99
and
Supervisor or Operator Louie Hanner Date 08/26/99
(Sign Once if Firm Offical and Operator)

95-14671

NOV 16 2009