Form 238-7
6/95

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Starships Consulting and
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NORTHERN REGION
IDWR

POSTED #232

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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. 95-95-N-0206-000

Other IDWR No. ________

2. OWNER

Name BERG, GEORGE

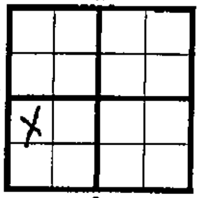
Address 9229 RYAN DR

City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N

W  E

S

Twp. 51 [X] North or [ ] South

Rge. 03 [ ] East or [X] West

Sec. 11 ____1/4 NW 1/4 SW 1/4

Gov't Lot ______ County KOOTENAI

Lat: : : Long: : :

Address of Well Site E HAYDEN LAKE RD MOKINS BAY RD City ________

(Give at least name of road + Distance to Road or Landmark)

Lt. ______ Blk. ______ Sub. Name ________

4. USE:

[X] Domestic [ ] Municipal [ ] Monitor [ ] Irrigation

[ ] Thermal [ ] Injection [ ] Other ________

5. TYPE OF WORK check all that apply (Replacement, etc.)

[X] New Well [ ] Modify [ ] Abandonment [ ] Other ________

6. DRILL METHOD

[X] Air Rotary [ ] Cable [ ] Mud Rotary [ ] Other ________

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	3.5 BAGS	OVERBORE

Was drive shoe used? [X] Y [ ] N Shoe Depth(s) 18

Was drive shoe seal tested? [X] Y [ ] N How? Drove into rock

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	[X]	[ ]	[ ]	[ ]
4	-5	320	160	PSI PVC	[ ]	[X]	[ ]	[ ]

Length of Headpipe ________ Length of Tailpipe ________

9. PERFORATIONS/SCREENS

[X] Perforations Method SKILLSAW

[ ] Screens Screen Type ________

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
280	320	1/8X4	140	4	PVC	[ ]	[X]

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

110 ft. below ground Artesian pressure ______ lb.

Depth flow encountered ______ ft. Describe access port or control devices: ________

NWSW 11 51N 3W

11. WELL TESTS:

[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
76+ GPM			

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 Decomp. Brown	[ ]	[X]
6	18	87	Granite Brown & white Medium	[ ]	[X]
6	87	156	Granite White & black Medium	[ ]	[X]
6	156	165	Granite Green Med soft 1/2 gpm	[X]	[ ]
6	165	215	Granite White & Black Med	[ ]	[X]
6	215	232	Granite White & Black W/Green	[ ]	[X]
6	232	297	Granite White & Black	[ ]	[X]
6	297	301	Granite White & Brown 6gpm	[X]	[ ]
6	301	310	Granite White & Black med	[ ]	[X]
6	310	315	Granite White & Black Fract 70+gpm	[X]	[ ]
6	315	322	Granite White & Black Medium	[ ]	[X]
	0	0	NOTE: 1 4X6 Formation Packer set @ 100'	[ ]	[ ]

MICROFILMED
JAN 19 1998

Completed Depth ~~110'~~ 322 (Measurable)

Date: Started 12/20/95 Completed 12/21/95

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 1-23-96

and

Supervisor or Operator [signature] Date 1-15-96

(Sign Once if Firm Official and Operator)