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

IDAHO DEPARTMENT OF WATER RESOURCES

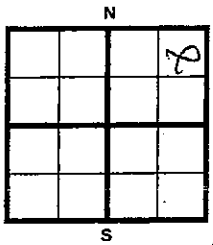
WELL DRILLER'S REPORT

Office Use Only
Inspected by_____
Twp____Rge____Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. WELL TAG NO. D0017068
Drilling Permit No: _____
Other IDWR No. _____

2. OWNER **Well Number:** 200
Name Larry Shepherd
Address 2819 E First
City Post Falls State ID Zip 83854

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. 19 ____ 1/4 NE 1/4 NE 1/4
Gov't Lot____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site Orchard St.
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	20	10 sacks	overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	-300	.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:
230 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
estimate 30			

Water Temp. cold Bottom Hole Temp cold
Water Quality test or comments: ____
____Depth first Water encountered 260

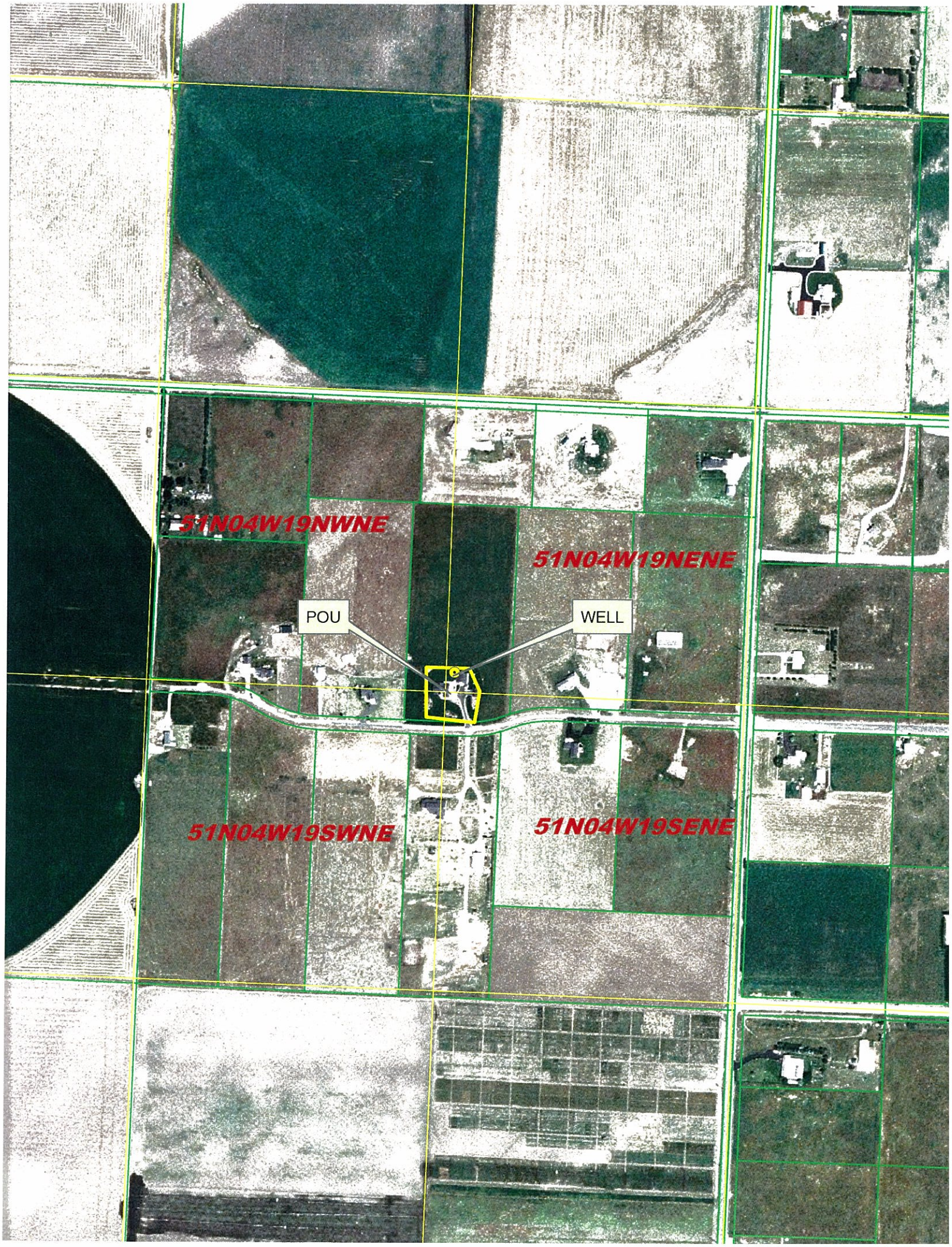
12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
10	0	3	Topsoil	☐	☑
10	3	15	Cobbles, small gravels	☐	☑
10	15	20	Gravels, small	☐	☑
8	20	180	Gravels 3/4	☐	☑
8	180	260	Gravels 3/4 some tan clay	☐	☑
8	260	300	Gravels 3/4	☑	☐

Completed Depth 300 (Measurable)
Date: Started 3/23/01 Completed 3/26/01

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 ____
and
Supervisor or Operator ____ Date ____
(Sign Once if Firm Offical and Operator)
Jim McLeslie


51N04W19NWNE
51N04W19NENE
POU
WELL
51N04W19SWNE
51N04W19SENE