

Form 238-1
7/98
Starships Consulting and
Management Services

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Inspected by	Twp	Rge	Sec
Lat: 1/4	1/4	1/4	1/4
Long:			

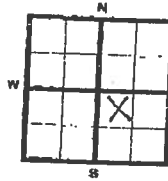
1. WELL TAG NO. D0033430Drilling Permit No: _____
Other IDWR No. _____

2. OWNER

Name Thor Best #5 Saddle Ridge Estates Well Number: 717Address 500 N. Idaho Line #65City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 54 ☒ North or ☐ South
Rge. 5 ☐ East or ☒ West
Sec. 32 1/4 NW 1/4 SE 1/4Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site CHURCH RD OFF OF
City RATHDRUM

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

L.L. _____ 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

SEA/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	150 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	5	290	.160	PVC	☐	☒	☐	☐
6	2	18	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW
☐ Screens Screen Type _____

From	To	Size Size	Number	Diameter	Material	Casing	Liner
270	290	1/4X8	70	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

80 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
<u>10</u>		<u>29.0</u>	<u>11TR</u>

Water Temp. COLD Bottom Hole Temp. SAMEWater Quality test or comments: GOODDepth first Water encountered 235

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Base	From	To	Remarks: Lithology, Water Quality, Temperature	Water
8	0	4	TOP SOIL	☒
8	4	15	DECOMP. GRANITE TAN	☒
8	15	18	GRANITE TAN SOFT	☒
6	18	140	GRANITE TAN SOFT	☒
6	140	230	GRANITE SALT & PEPPER MED GR	☒
6	230	239	BROKEN SOFT W/ WATER	☒
6	239	290	GRANITE SALT & PEPPER HARD	☐

Customer
✓

 Completed Depth 290 (Measurable)
 Date: Started 2/12/04 Completed 2/13/04

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 H2O Well Service, Inc. Firm No. 448

Firm Official _____ Date _____

Supervisor or Operator _____ Date 02/13/04

(Sign Once if Firm Official and Operator)

Louie Hanner



POU

WELL

52N05W32SWSE