Form 238-7
3/95

RECEIVED

Staples Consulting and Management Services

NORTHERN REGION

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

COPY

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. 96-95-N-235
Other IDWR No. ____

2. OWNER
Name RICHEY, ED & ANN
Address 13810 S PINE BLVD
City CHENEY State WA Zip 99044

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

Twp. 54 [X] North or [ ] South
Rge. 04 [ ] East or [X] West
Sec. 07 SE 1/4 SE 1/4 SE 1/4
Gov't Lot ____ County BONNER
Lat: : : Long: : :
Address of Well Site 800 RICHEY 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 BAGS	OVERBORE - DR

Was drive shoe used? [ ] Y [X] N Shoe Depth(s) 0
Was drive shoe seal tested? [ ] Y [X] N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-5	180	.200	PSI PVC	[ ]	[X]	[ ]	[ ]
60	+1.5	18.5	.259	STEEL	[X]	[ ]	[ ]	[ ]

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
[X] Perforations Method SKILL SAW
[ ] Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	180	1/8X4	150	4	PVC	[ ]	[X]

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
100 ft. below ground Artesian pressure 0 lb.
Depth flow encountered 0 ft. Describe access port or control devices:

SESE 7 54N 4W

11. WELL TESTS:
[ ] Pump [ ] Bailer [X] Air [ ] Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
11			

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	3	SOIL W/COBBLES	[ ]	[X]
8	3	15	GRANITE DECOMP BROW	[ ]	[X]
8	15	18	GRANITE BLACK & COPP	[ ]	[X]
6	18	58	BLACK & WHITE W/COPP	[ ]	[X]
6	58	64	APPROX 10 GPM	[X]	[ ]
6	58	64	GRANITE BLACK & WHIT	[ ]	[ ]
6	64	106	GRANITE BLACK & COPP	[ ]	[X]
6	106	124	W/WATER APPROX 1 GPM	[X]	[ ]
6	106	124	GRANITE WHITE & GREE	[ ]	[ ]
6	124	180	GRANITE BLACK & WHIT	[ ]	[X]

OFFICE USE ONLY
Inspected by TDK
Twp 54N Rge 4W Sec 07
1/4 SW 1/4 SE 1/4

MICROFILMED
MAR 09 1999

Completed Depth 180 (Measurable)
Date: Started 08-05-95 Completed 08-09-95

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 John Wheeler Date 10-26-95
and
Supervisor or Operator John Wheeler Date 10-26-95
(Sign once if Firm Official and Operator)