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Date 5-4-10 # of pages 1

To Shawn Keough

From IDWR

Form 238-7
6/99

IDAHO DEPARTMENT OF WATER RESOURCES RECEIVED

WELL DRILLER'S REPORT

 Dypewriter or Ball Point Pen
 MAR 04 1994
 Department of Water Resources
 092700
1. DRILLING PERMIT NO. 95-93-N-181-000

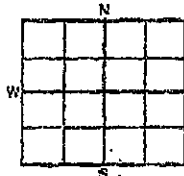
Other IDWR No. _____

2. OWNER:

Name Ronnie TurpinAddress MC 12, 313 Sherman AveCity Coeur d'Alene State Id Zip 83814

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 T. 49 North ☒ or South ☐
 E. R. 4 East ☐ or West ☒
 Sec. 5 1/4 NE 1/4 SE 1/4
 Gov't Lot _____ County Kootenai

 Address of Well Site Hwy 95 South - Top of Hill
West side of Hwy Mica Flats
 (Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
<u>Bentonite</u>	<u>4</u>	<u>65</u>	<u>14</u>	

Was drive shoe seal tested? ☒ NO How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Casing	Liner	Steel	Plastic	Welded	Threaded
<u>6"</u>	<u>1 1/2</u>	<u>104</u>	<u>250</u>	<u>5L</u>		☒	☐	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 104'

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS None

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tailpipe Size	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

NGSE 5 49N 4W

10. WELL TESTS:

☐ Pump ☐ Sailer ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Depth	Time
<u>105-11 GPM</u>			

Temperature of water cold Was a water analysis done? Yes ☐ No ☒

By whom? _____

Water Quality (odor, etc.) GoodBottom Hole Temperature cold

11. STATIC WATER LEVEL:

36 ft. below surface Depth artesian flow found _____

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SWL
<u>8"</u>	<u>0</u>	<u>1</u>	<u>Top Soil</u>		
	<u>1</u>	<u>5</u>	<u>Clay White</u>		
	<u>5</u>	<u>9 1/2</u>	<u>Blackish Brown Clay</u>		
	<u>9 1/2</u>	<u>45</u>	<u>Basalt Hard</u>		
	<u>45</u>	<u>53</u>	<u>Basalt Broken Soft</u>		
	<u>53</u>	<u>56</u>	<u>Clay white</u>		
	<u>56</u>	<u>58</u>	<u>Clay Brown</u>		
	<u>58</u>	<u>61</u>	<u>Clay Red</u>		
	<u>61</u>	<u>69</u>	<u>Clay Yellow</u>		
	<u>69</u>	<u>80</u>	<u>Clay + Gravel</u>		
	<u>80</u>	<u>89</u>	<u>Decomposed Granite + Gravel</u>		
	<u>89</u>	<u>101</u>	<u>Basalt Soft</u>		
	<u>101</u>	<u>104</u>	<u>Basalt Hard</u>		
	<u>6"</u>	<u>104</u>	<u>Basalt Hard (water at 111')</u>	<u>7 1/2</u>	
	<u>136</u>	<u>141</u>	<u>Basalt soft 3 1/2 GPM</u>		
	<u>141</u>	<u>151</u>	<u>Clay Brown + White</u>		

 FW AT 111' 7 1/2 GPM
 SW AT 136' 3 1/2 GPM

RECEIVED

FEB 10 1994

IDR/MIN. REGION
IDWRDate: Started 9-8-93 Completed 9-9-93

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

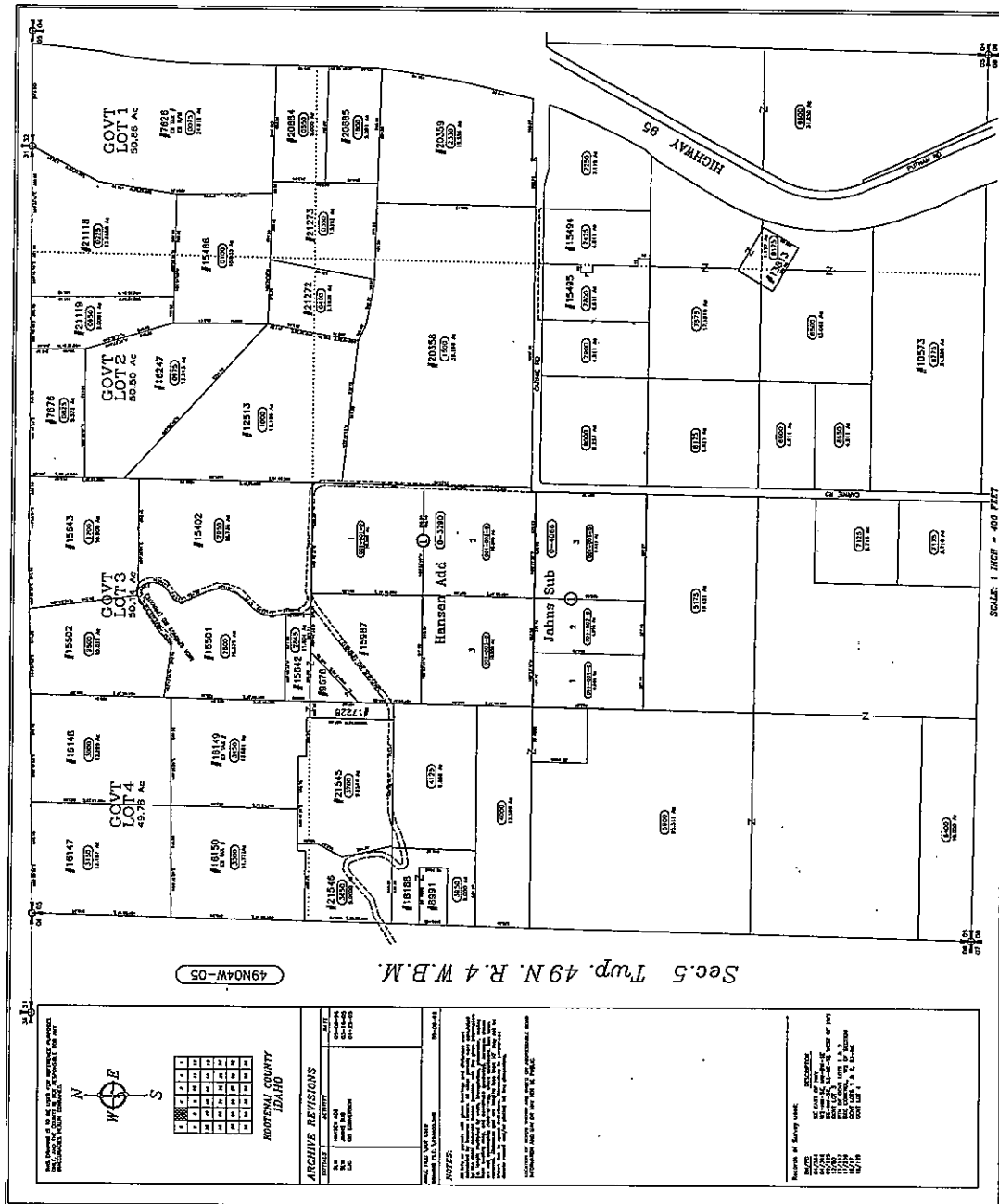
Firm Name AQUA DRILLING & EXPLORATION INC. Firm No. 163Firm Official Scott M. Braun Date 9-9-93and Supervisor or Operator Scott M. Braun Date _____
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

The revision dates below represent the file save dates
or the posting of the listed revisions.
The active dates for these revisions are posted within the
ARCHIVE REVISIONS box in the drawing title block.

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FILEDNAME: 494205C6X180380M



Sec.5 Twp.49N. R.4W.B.M.