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

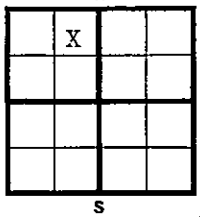
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0028022
Drilling Permit No: 78204
Other IDWR No.

2. OWNER **Well Number:** 510
Name WADSWORTH, CRAIG & AUDREY
Address 22012 E. DOYLE RD.
City CATALDO State ID Zip 83810

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



Twp. 49 ☑ North or ☐ South
Rge. 1 ☐ East or ☑ West
Sec. 32 1/4 NE 1/4 NW 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site DOYLE RD.
City ROSE LAKE
(Give at least name of road + Distance to Road or Landmark)
Lt. ____ Blk. ____ Sub. Name ____

POSTED

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	18	5 BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 110
Was drive shoe seal tested? ☐ Y ☑ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	110	.250	STEEL	☑	☐	☑	☐
4	-7	303	.250	PVC	☐	☑	☑	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☑ Perforations Method SKILL SAW
☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-263	303	1/8 X 6	75	4	PVC	☐	☑

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
105 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 303 ft. Describe access port or control devices: ____

49N 1W 32

11. WELL TESTS:
☐ Pump ☐ Bailer ☑ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
____ Depth first Water encountered 270

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	2	Top Soil	☐	☐
8	2	109	Tan Clay	☐	☐
8	109	110	Gray Shale	☐	☐
6	110	115	Gray Shale	☐	☐
6	115	260	Brown Clay	☐	☐
6	260	303	Gray Shale	☐	☐

RECEIVED
DEC 23 '02
IDWR/North

Completed Depth 303 (Measurable)
Date: Started 11/21/02 Completed 11/25/02

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 12-02-02
and
Supervisor or Operator _____ Date 11-27-02
(Sign Once if Firm Offical and Operator)

(Todd Morgan)