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

IDAHO DEPARTMENT OF WATER RESOURCES

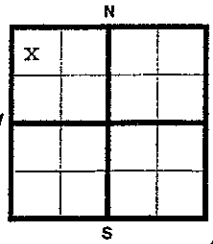
WELL DRILLER'S REPORT

Office Use Only
Inspected by_____
Twp_____Rge_____ Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

1. WELL TAG NO. D0033659
Drilling Permit No:
Other IDWR No.

2. OWNER **Well Number:** 743
Name Morrow, Tom & Susan
Address 21147 S. Eagle Peak Road
City Cataldo State ID Zip 83810

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



Twp. 48 ☑ North or ☐ South
Rge. 02 ☐ East or ☑ West
Sec. 26 ____ 1/4 NW 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site 21147 S. Eagle Peak
City Cataldo
(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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	200 lbs	Overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Materi	Casing	Liner	Welded	Threaded
4	-5	300	.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	Slot Size	Number	Diameter	Material	Casing	Liner
280	300	1/8x6	1	4	PVC	☐	☑

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
60 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
25+	100	300'	2hrs

Water Temp. Cold Bottom Hole Temp Cold
Water Quality test or comments: Clear
Depth first Water encountered 130

12. LITHOLOGIC LOG:(Describe repairs or abandonmen

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	18	Shale Broken w/Clay	☐	☑
6	18	75	Shale Broken w/Clay	☐	☑
6	75	130	Shale Black Med Hard	☐	☑
6	130	135	Shale Broken w/Water 1.5gpm	☑	☐
6	135	267	Shale Black Hard w/Water 4gpm	☑	☐
6	267	300	Shale Black Broken w/Water 15gpm	☑	☐

Customer COPY

Completed Depth 300 (Measurable)
Date: Started 4/26/04 Completed 4/27/04

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards we complied with at the time the rig was removed.

Firm Name H20 WellService, Inc. Firm No. 448
Firm Official _____ Date 04/29/0
and
Supervisor or Operator _____ Date 04/28/0
Louie Hanner (Sign Once if Firm Official and Operator)