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

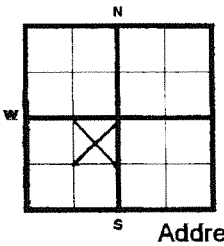
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by_____
Twp_____Rge_____Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

1. WELL TAG NO. D0040088
Drilling Permit No: 832652
Other IDWR No.

2. OWNER **Well Number:** 940
Name Carlson, Randy & Karen
Address PO Box 524
City Hayden State ID Zip 83835

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



Twp. 49 ☑ North or ☐ South
Rge. 4 ☐ East or ☑ West
Sec. 2 NE 1/4 SW 1/4 _____ 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site Hull Rd, Kidd Island Bay
City CDA
(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	Material	Casing	Liner	Welded	Threaded
4	-5	500	.200	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
440	460	1/8 X 6	70	4	PVC	☐	☑
480	500	1/8 X 6	70	4	PVC	☐	☑

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

49N 4W 2

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

Yield gal./min.	Drawdown	Pumping Level	Time
1.5 gpm		500	2 hrs

Water Temp. cold Bottom Hole Temp cold
Water Quality test or comments: OK
Depth first Water encountered 60

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	5	Sandy soil	☐	☑
8	5	15	Decomp Granite soft	☐	☑
8	15	18	Granite Green med	☐	☑
6	18	27	Granite Green med	☐	☑
6	27	39	Granite Soft Brown	☐	☑
6	39	63	Granite med soft tan	☑	☐
6	63	68	Granite soft w/ clay seams	☐	☑
6	68	80	Granite med black & white	☐	☑
6	80	260	Granite Gray med Hard	☐	☑
6	260	300	Granite salt & pepper w/ green	☐	☑
6	300	500	Granite Mixed salt & Pepper	☐	☑

Completed Depth 500 (Measurable)
Date: Started 4/19/2005 Completed 4/20/2005

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 4-28-05
and
Supervisor or Operator _____ Date 05/20/05
Louie Hanner (Sign Once if Firm Official and Operator)