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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED AUG 1 2002 IDWR-North

Office Use Only
Inspected by RFD
Twp 44N Rge 2W Sec 27
1/4 NW 1/4 SW 1/4
Lat: : : Long: : :

1. WELL TAG NO. D0022433
Drilling Permit No: 780322
Other IDWR No.

2. OWNER **Well Number:** 426
Name RIFFLE, DAVID
Address P.O. BOX 1037
City HAYDEN State ID Zip 83835

POSTED

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

N / W / E / S

Twp. 44N ☑ North or ☐ South
Rge. 2W ☐ East or ☑ West
Sec. 27 SW 1/4 NW 1/4 ____ 1/4
Gov't Lot ____ County BENEWAH
Lat: : : Long: : :
Address of Well Site
City EMIDA
(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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	18	6 BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 38
Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	.250	STEEL	☑	☐	☑	☐
4	-10	60	.160	PVC	☐	☑	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
30 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 45 ft. Describe access port or control devices: ____

44N 2W 27 NW SW

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

Yield gal./min.	Drawdown	Pumping Level	Time
25+			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 45

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	3	Top Soil	☐	☐
8	3	35	Dark Brown Clay	☐	☐
8	35	38	Dark Brown Clay	☐	☐
6	38	45	Very Broken Basalt	☑	☐
6	45	60	Very Porous Basalt	☑	☐

Completed Depth 60 (Measurable)
Date: Started 7/12/02 Completed 7/12/02

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 ____
and
Supervisor or Operator ____ Date 7-5-02
(Sign Once if Firm Offical and Operator)

Tom Richardson
(Supervisor)