Form 238-7 3/95
Starships Consulting and Management Services

JUL 18 1996

IDAHO DEPARTMENT OF WATER RESOURCES

POSTED

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

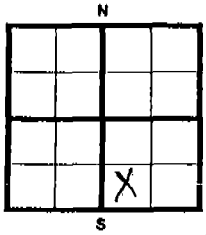
097919

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

1. DRILLING PERMIT NO. 92-96-N-005-000
Other IDWR No. _____

2. OWNER **Well Number:** 410
Name THARP, BILL
Address PO BOX 95
City SANTA State ID Zip 83866

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



Twp. 44 ☒ North or ☐ South
Rge. 01 ☐ East or ☒ West
Sec. 24 ____ 1/4 SW 1/4 SE 1/4
Gov't Lot ____ County BENEWAH
Lat: : : Long: : :
Address of Well Site ELKHORN MEADOW
City _____
(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	17 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 0
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	145	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations Method SKILLSAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
160	200	1/8X4	140	4	PVC	☐	☒

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

SWSE 24 44N 1W

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

Yield gal./min.	Drawdown	Pumping Level	Time
15 GPM			1 HR

Water Temp. _____ Bottom Hole Temp _____
Water Quality test or comments: _____
_____ Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
10	0	18	Soil W/Boulders	☐	☒
8	18	55	Basalt Dark Gray	☐	☒
8	55	68	Clay Blue	☐	☒
8	68	87	Clay Green	☐	☒
8	87	145	Clay Grayish Brown W/Wood	☐	☒
8	145	185	Basalt Soft Gray	☐	☒
8	185	197	Basalt Fractured W/Water 15 gpm	☒	☐
8	197	200	Basalt	☐	☒
	0	0	Basalt Interbeds	☐	☐
	0	0	1 - 6" Bolt weld on Cap	☐	☐

Completed Depth 200' (Measurable)
Date: Started 06/18/96 Completed 06/20/96

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 John McKeen Date 6-27-96
and
Supervisor or Operator [signature] Date 8-1-96
(Sign Once if Firm Offical and Operator)