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

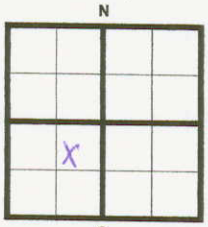
IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0046097
Drilling Permit No: 842498
Other IDWR No.

2. OWNER **Well Number:** 1238
Name NELSON, LUCILLE
Address 2091 ST. MARIES RIVER RD
City ST. MARIES State ID Zip 83861

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



Twp. 46N ☑ North or ☐ South
Rge. 02W ☐ East or ☑ West
Sec. 35 NE 1/4 NE 1/4 SW 1/4
Gov't Lot _____ County BENEWAH
Lat: : : Long: : :
Address of Well Site SAME
City ST. MAREIS
(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	39	500 LBS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 77
Was drive shoe seal tested? ☐ Y ☑ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Materi	Casing	Liner	Welded	Threaded
6	+1	77	.250	STEEL	☑	☐	☑	☐

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:
42 ft. below ground Artesian pressure _____ lb.
Depth flow encountere 68 ft. Describe access port or control devices: _____
46N 2W 35

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

Yield gal./min.	Drawdown	Pumping Level	Time
10			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: GOOD
Depth first Water encountered 68

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	24	Sand & Med. Brown Clay	☐	☑
8	24	35	Brown Clay	☐	☑
8	35	51	Broken Basalt	☐	☑
8	51	68	Broken Basalt w/ Clay Seems	☑	☐
8	68	77	Broken Basalt	☑	☐

RECEIVED
OCT 26 2006
IDWR/North

Completed Depth 77 (Measurable)
Date: Started 10/12/2006 Completed 10/13/2006

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 10-17-06
and
Supervisor or Operator Bob Kern Date 10-17-06
BOB KERN (Sign Once if Firm Offical and Operator)