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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED DEC 0 1 1999

076578

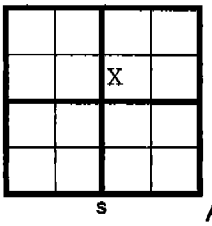
Office Use Only
Inspected by_____
Twp_____Rge_____Sec_____
____1/4____1/4____1/4
Lat: : : Long: : :

1. WELL TAG NO. D10880
Drilling Permit No: 94-99-N-49
Other IDWR No. IDWR/North

2. OWNER **Well Number:** 977
Name Sheppard, Jim
Address PO BOX 255
City Harrison State Id Zip 83833

POSTED

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



Twp. 47 ☑ North or ☐ South
Rge. 03 ☐ East or ☑ West
Sec. 22 ____ 1/4 SW 1/4 NE 1/4
Gov't Lot____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site Harrison Flats
Off Hawthorne City Harrison
(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	24	6 BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 25
Was drive shoe seal tested? ☐ Y ☐ N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1.5	25	.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:
____ft. below ground Artesian pressure____lb.
Depth flow encountered 150 ft. Describe access port or control devices: ____

47N 3W 22

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

Yield gal./min.	Drawdown	Pumping Level	Time
1 GPM		400	1 HR

Water Temp. ____ Bottom Hole Temp ____
Water Quality test or comments: ____
____Depth first Water encountered 150'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	3	TOPOSIL	☐	☑
8	3	25	Basalt Interbeds	☐	☑
6	25	150	Basalt	☐	☑
6	150	153	Basalt Fractured W/Water 1 to 1.5 GP	☑	☐
6	153	327	Basalt Hard	☐	☑
6	327	335	Clay Dark Brown	☐	☑
6	335	341	Clay Tan	☐	☑
6	341	353	Clay Blue	☐	☑
6	353	400	Clay Brown	☐	☑

Completed Depth 400' (Measurable)
Date: Started 11/14/99 Completed 11/17/99

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 [signature] Date 11/17/99
and
Supervisor or Operator [signature] Date 11/17/99
(Sign Once if Firm Official and Operator)
(Louie Hanner)