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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

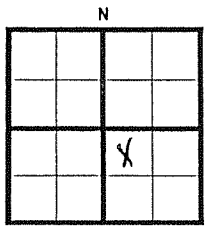
Use Typewriter or Ballpoint Pen

Office Use Only
Inspected by_____
Twp____Rge____ Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-96-N-163-000
Other IDWR No. _____

2. OWNER **Well Number:** 502
Name DEVRIES, YVONNE
Address 3505 BELMONT DR
City CDA State ID Zip 83814

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



Twp. 45 ☒ North or ☐ South
Rge. 04 ☐ East or ☒ West
Sec. 01 ____ 1/4 NW 1/4 SE 1/4
Gov't Lot _____ County BENEWAH
Lat: : : Long: : :
Address of Well Site E OFF HWY 95 SOUT
City ST. MARIES
(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	145	7 SACKS	Powder/ 5 Crumb

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	150	.250	STEEL	☒	☐	☒	☐
5	134	320	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

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

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
290	310	1/16	30	5	STEEL	☒	☐

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

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

Yield gal./min.	Drawdown	Pumping Level	Time
6 TO 7 GPM			2.5 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: _____
Depth first Water encountered 295

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	2	Topsoil Brown	☐	☒
8	2	60	Clay Redish	☐	☒
8	60	100	Clay Tanish	☐	☒
8	100	135	Clay Brown	☐	☒
8	135	150	Clay Dark Brown W/Basalt	☐	☒
6	150	220	Basalt Black Hard	☐	☒
6	220	280	Clay Grayish White	☐	☒
6	280	290	Clay Creamy White Gravels	☐	☒
6	290	300	Clays Shales Gravels H2O	☒	☐
6	300	320	Sandstone, Redish, Medium	☐	☒
	0	0	gravel pack 285' to 320'	☐	☐

Completed Depth 320' (Measurable)
Date: Started 10/28/96 Completed 10/30/96

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 _____ Date 11-13-96
and
Supervisor or Operator Mark L. Lee Date 11/4/96
(Sign Once if Firm Offical and Operator)