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NORTHERN REGION
IDWR

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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097063

Office Use Only
Inspected by TDK
Twp____Rge____Sec____
____1/4____1/4____1/4
Lat. : : Long: : :

1. DRILLING PERMIT NO. TAG#D0003457
Other IDWR No. 95-97-N-142

2. OWNER **Well Number:** 631
Name HARSTER, HERB
Address 446 E HAYDEN AVE
City HAYDEN State ID Zip 83835

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

N / W / E / S — X

Twp. 52 ☑ North or ☐ South
Rge. 04 ☐ East or ☑ West
Sec. 32 ____ 1/4 SE 1/4 SE 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site BOEKEL RD
City HAYDEN
(Give at least name of road + Distance to Road or Landmark)
____ 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	2 SACKS	POUR SLURRY

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	300	.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:
250 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: ____

SESE 32 52N 4W

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

Yield gal./min.	Drawdown	Pumping Level	Time
15+		260	1 HR

Water Temp. COLD Bottom Hole Temp ____
Water Quality test or comments: CLEAR
____ 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	Topsoil, Gravel, Sand	☐	☑
8	18	37	Gravels W/Sand	☐	☑
8	37	39	Boulder	☐	☑
8	39	180	Gravels W/Sand	☐	☑
8	180	217	Pea Gravel W/Coarse Sands	☐	☑
8	217	300	Gravels W/Sand	☑	☐

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Completed Depth 300' (Measurable)
Date: Started 11/18/97 Completed 11/20/97

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 11/20/97
and
Supervisor or Operator ____ Date 11/20/97
(Sign Once if Firm Official and Operator)
(Todd Morgan)