Form 238-7
4/92

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

USE TYPEWRITER OR BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

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1. WELL OWNER

Name: TPM HOLDINGS

Address: 420 INDIANA, COEUR DALENE

Drilling Permit No.: 95-93-N-58-000

Water Right Permit No.: _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter		From	To
.250 inches	6 inches	+	2 feet	36 feet
.160PSI inches	4 PVC inches		7 feet	443 feet
_____ inches	_____ inches		_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun SKILL SAW
Size of perforation? 1/4 inches by 6 inches

Number		From	To
120	perforations	403 feet	443 feet
_____	perforations	_____ feet	_____ feet
_____	perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

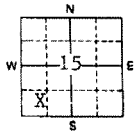
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☐ Solvent Weld ☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location **must** agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____
County KOOTENAI
Address of Well Site YELLOWSTONE PT
(give at least name of road)
SW ¼ SW ¼ Sec. 15, T. 51 N ☒ or S ☐, R. 3 E ☐ or W ☒

7. WATER LEVEL

Static water level XXX 200 APROX. feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
2 to 2.5	440	1

9. LITHOLOGIC LOG 89565

Bore Diam.	Depth From	Depth To	Material	Water Yes	Water No
10	0	9	TOPSOIL, SAND, CLAY		X
10	9	36	GRANITE, BRN/WHT, DECOMP		X
XX6	36	109	GRANITE, BLK/WHT, SOFT		X
6	109	123	GRANITE, BLK/WHT, FRACTURED	X	
6	123	380	GRANITE, BLK/WHT, MED. HARD		X
6	380	383	GRANITE, BLK/WHT, FRACTURED	X	
6	383	443	GRANITE, BLK/WHT, MED. HARD		X

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10.

Work started 5-19-93 finished 5-20-93

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WELL SERVICE Firm No. 448
Address HAYDEN LAKE, ID Date 5-26-93
Signed by Drilling Supervisor [signature]
and
(Operator) [signature]
(If different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT