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

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT 097018

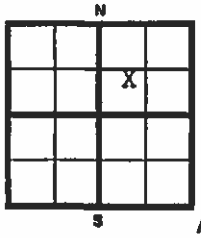
Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. TAG#D0003545
Other IDWR No. 96-97-N-243

2. OWNER **Well Number:** 643
Name BRUCE, JOHN
Address PO BOX 975
City ATHOL State ID Zip 83801

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



Twp. 53 ☑ North or ☐ South
Rge. 03 ☐ East or ☑ West
Sec. 21 ____ 1/4 SW 1/4 NE 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site 5588 PARKS RD
City ATHOL
(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	5 SACKS	DRY GRANULAR

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	198	.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:
176 ft. below ground Artesian pressure____ lb.
Depth flow encountered____ ft. Describe access port or control devices: ____

SWNE 21 53N 3W

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

Yield gal./min.	Drawdown	Pumping Level	Time
15			2 HRS

Water Temp. ____ Bottom Hole Temp ____
Water Quality test or comments: ____
____ 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	2	Rock Fill	☐	☑
10	2	18	Sands & Gravels	☐	☑
8	18	73	Sands & Gravels	☐	☑
8	73	75	Granite Boulder	☐	☑
8	75	172	Sands & Gravels	☐	☑
8	172	174	Granite Boulder	☐	☑
8	174	195	Sands & Gravels	☑	☐
8	195	220	Granite White W/Black	☑	☐

RECEIVED
JAN 1 1998
NORTHERN REGION
IDWR

Completed Depth 220' (Measurable)
Date: Started 12/24/97 Completed 12/29/97

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 12/30/97
and
Supervisor or Operator ____ Date 12-30-97
(Sign Once if Firm Official and Operator)
(Todd Morgan)