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

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AUG 2 8 2001
DWR North

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

POSTED

1. WELL TAG NO. D0017596
Drilling Permit No. _____
Other IDWR No. 770195

2. OWNER Well Number: 284
Name JILL CHRISTIANSON
Address 1206 N. LINCOLN STE #200
City SPOAKNE State WA Zip 99201

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

N / X / E / S

Twp. 48N ☑ North or ☐ South
Rge. 4W ☐ East or ☑ West
Sec. 10 NW 1/4 NW 1/4 ____ 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site BLACK ROCK BAY R
City COEUR D' ALE
(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	18	7 BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 110
Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	110	.250	STEEL	☑	☐	☑	☐
4	0	270	.160	PVC	☐	☑	☐	☐

Length of Headpipe ____ Length of Tailpipe ____

9. PERFORATIONS/SCREENS
☑ Perforations Method SKIL SAW
☐ Screens Screen Type ____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
230	270	1/8 X 6	75	4	PVC	☐	☑

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
120 ft. below ground Artesian pressure ____ lb.
Depth flow encountered 260 ft. Describe access port or control devices: ____

48N 4W 10

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

Yield gal./min.	Drawdown	Pumping Level	Time
2 1/2-3			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 260

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
8	0	2	FILL	☐	☐
8	2	107	CLAY W/ GRAVELS	☐	☐
8	107	110	BASALY SOFT	☐	☐
6	110	260	BASALT	☐	☐
6	260	265	BASALT	☑	☐
6	265	274	BASALT	☑	☐
6	274	283	CLAY BLACK	☐	☐

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Completed Depth 270 (Measurable)
Date: Started 8/1/01 Completed 8/3/01

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 8-7-01
and
Supervisor or Operator [signature] Date 8-7-01
(Sign Once if Firm Offical and Operator)

SCANNED
APR 21 2016