Form 2387
3/95
Starships Conservation and Management Services

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NORTH REGION
IDWR

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IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

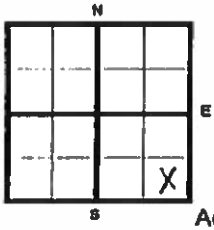
996951

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

1. DRILLING PERMIT NO. 95-96-N-035-000
Other IDWR No. _____

2. OWNER Well Number: 388
Name HODGES/MABREY/HEIN
Address RT 2 BOX 121
City ROSALIA State WA Zip 99170

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



Twp. 48 ☒ North or ☐ South
Rge. 04 ☐ East or ☒ West
Sec. 15 ____ 1/4 SE 1/4 SE 1/4
Gov't Lot ____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site POWDERHORN BAY
City _____
(Give at least name of road + Distance to Road or Landmark)
Lt. 1,2,3 Blk. 1 Sub. Name NEWTON

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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	70	4 SACKS	2 Gel/2 Crumbles

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 108
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	108	.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
100	108	1/16	15	6	STEEL	☒	☐

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

SESE 15 48N 4W

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

Yield gal./min.	Drawdown	Pumping Level	Time
12+			1 1/2

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

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	10	Cobbles Clays Sand Tan	☐	☒
8	10	14	Basalt Black Hard	☐	☒
8	14	70	Clays W/Broken Basalt Tan	☐	☒
8	70	76	Basalt Black Hard	☐	☒
8	76	78	Basalt Black Fracture	☒	☐
8	78	108	Basalt Black Hard	☐	☒
	0	0	1x6" Weld on Cap	☐	☐
	0	0	Basalt Interbeds	☐	☐

Completed Depth 108' (Measurable)
Date: Started 5-15-96 Completed 5-15-96

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 [signature] Date 5-16-96
and
Supervisor or Operator [signature] Date 5-20-96
(Sign Once if Firm Offical and Operator)