RECEIVED SEP 09 1996 NORTHERN REGION IDWR

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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

POSTED

RECEIVED SEP 30 1996 NORTHERN REGION IDWR

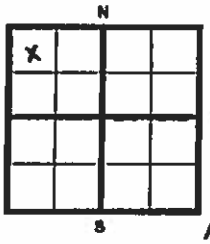
Office Use Only
Inspected by_____
Twp_____Rge_____ Sec_____
_____1/4_____1/4_____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 96-96-N-205
Other IDWR No. _____ STATE

097231

2. OWNER Well Number: 441
Name DENTON, TIM
Address N 30766 ST JOE DR
City SPIRIT LAKE State ID Zip 83869

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. 35 _____ 1/4 NW 1/4 NW 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site MCCOY RD/BUNCO
_____ City _____
(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			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	8 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 238
Was drive shoe seal tested? ☒ Y ☐ N How? Drove into Rock

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	238	.250	STEEL	☒	☐	☒	☐
4	220	380	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations Method SKILLSAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
340	380	1/8X4	140	4	PVC	☐	☒

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

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

Yield gal./min.	Drawdown	Pumping Level	Time
20 GPM			

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
8	0	238	Sand & Gravel 3/4 Minis	☐	☒
6	238	350	Granite Greenish White W/Rose Mediu	☐	☒
6	350	358	Granite Black & Green w/Water 20 GP	☒	☐
6	358	380	Granite Black & Green Medium Hard	☐	☒
	0	0	Granite/Shale	☐	☐

Completed Depth 380' (Measurable)
Date: Started 08/28/96 Completed 08/29/96

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 9-4-96
and
Supervisor or Operator [signature] Date 9-6-96
(Sign Once if Firm Official and Operator)

NWNW 35 53N 3W