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

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED
JUL 20 1999

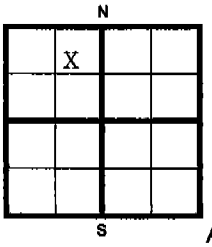
076669

Office Use Only
Inspected by_____
Twp____Rge____ Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. WELL TAG NO. D10099
Drilling Permit No: IDWR/North
Other IDWR No. 95-99-N-70

2. OWNER **Well Number:**
Name BRENDUS, TONY 890
Address 2850 DODD RD
City HAYDEN State ID Zip 83835

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



Twp. 51 ☑ North or ☐ South
Rge. 03 ☐ East or ☑ West
Sec. 06 ____ 1/4 NE 1/4 NW 1/4
Gov't Lot____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site SAME AS ABOVE
City HAYDEN LAKE
(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	25	5 BAGS	OVERBORE

Was drive shoe used? ☑ Y ☐ N Shoe Depth(s) 119
Was drive shoe seal tested? ☐ Y ☐ N How? ____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1.5	119	.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:
95 ft. below ground Artesian pressure____ lb.
Depth flow encountered____ ft. Describe access port or control devices: ____

5 / N 3 W 6

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

Yield gal./min.	Drawdown	Pumping Level	Time
14+			

Water Temp. ____ Bottom Hole Temp ____
Water Quality test or comments: ____
Depth first Water encountered 25'

POSTED

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water Y	Water N
10	0	4	Topsoil W/Clay Gravel	☐	☑
8	4	25	Clay W/Gravel Wet	☑	☐
8	25	90	Clay Yellowish Tan Hard	☐	☑
8	90	98	Sand Fine W/Clay W/Water Approxim	☑	☐
8	98	107	Clay Dark Brown	☐	☑
8	107	119	Clay Black	☐	☑
8	119	125	Basalt Black Hard	☐	☑
8	125	130	Basalt Light Gray W/Water Approxima	☑	☐
8	130	145	Basalt Black Hard	☐	☑

Completed Depth 145' (Measurable)
Date: Started 6/16/99 Completed 6/16/99

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 John Wheeler Date 6/16/99
and
Supervisor or Operator Louie Hanner Date 6/16/99
(Sign Once If Firm Official and Operator)
(Louie Hanner)