Form 238-7 #20
3/95
Starships Consulting and Management Services

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NORTHERN REGION

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

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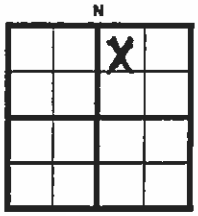
IDWR

Office Use Only
Inspected by TDK
Twp 50N Rge 05W Sec 25
NE 1/4 NW 1/4 NE 1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 95-95-N-183-000
Other IDWR No.

2. OWNER
Name ATKINS, PETE & PEGGY
Address 705 BECKLAND
City COEUR D'ALENE State ID Zip 83814

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



Twp. 50 ☒ North or ☐ South
Rge. 05 ☐ East or ☒ West
Sec. 25 1/4 NW 1/4 NE 1/4
Gov't Lot County KOOTENAI
Lat: : : Long: : :
Address of Well Site PAINTED TRAIL ROA
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 Material	From	To	AMOUNT Sacks or Pounds	METHOD
BENTONITE	0	18	7 BAGS	OVERBORE DR

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18
Was drive shoe seal tested? ☒ Y ☐ N How? Drove into Rock

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-5	255	.160	psi pvc	☐	☒	☐	☐
6	+2	18	.250	steel	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS
☒ Perforations Method Skill Saw
☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
220	260	1/8x4	140	4	pvc	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
125 ft. below ground Artesian pressure 0 lb.
Depth flow encountered 0 ft. Describe access port or control devices:
NW NE 25 50N 5W

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

Yield gal./min.	Drawdown	Pumping Level	Time
75		260	1 hr

Water Temp. cold Bottom Hole Temp same
Water Quality test or comments: good
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	3	Sand Topsoil Fill	☐	☒
10	0	18	Overbore	☐	☒
6	3	38	Granite Decomposed Brown	☐	☒
6	38	62	Granite White Brown Mediu	☐	☒
6	62	108	Granite Black Brown	☐	☒
6	108	141	Granite Black White Brown	☒	☐
6	141	185	Granite White & Black Hard	☐	☒
6	185	188	Granite White Black Medium	☐	☒
6	188	192	Granite Black & White Hard	☐	☒
6	192	195	Granite White Brown Black w	☒	☐
6	195	246	Granite Black & White Hard	☐	☒
6	246	251	Granite White & Black & Gre	☒	☐
6	251	260	Granite Black & White Hard	☐	☒

Completed Depth 260' (Measurable)
Date: Started 10-19-95 Completed 10-20-95

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 10-26-95
and
Supervisor or Operator [signature] Date 10-26-95
(Sign Once if Firm Official and Operator)