Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0067713

Drilling Permit No. 873046

Water right or injection well #

2. OWNER:

Name Heath Morphis #2

Address 12260 W. Parkway Dr.

City Post Falls State ID Zip 83854

3.WELL LOCATION:

Twp. 50 North ☒ or South ☐ Rge. 05 East ☐ or West ☒

Sec. 17 ___ 1/4 SE 1/4 SW 1/4 (10 acres / 40 acres / 160 acres)

Gov't Lot ___ County Kootenai

Lat. 47 ° 40 : 373 (Deg. and Decimal minutes)

Long. 116 ° 59 : 767 (Deg. and Decimal minutes)

Address of Well Site 3689 Carpenter Loop

City Post Falls, Id 83854

(Give at least name of road + Distance to Road or Landmark)

Lot. ___ Blk. ___ Sub. Name ___

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other ___

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other ___

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other ___

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
Bentanite	0	38	2200	Over bore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	-38	250	Steel	☒	☐	☐	☒
4	-10	-340	200	Pvc	☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) ___

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skillsaw

Manufactured screen ☐ Y ☒ N Type ___

Method of installation ___

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
320	340	48	1/4 x 8	4	Pvc	.200

Length of Headpipe ___ Length of Tailpipe ___

Packer ☐ Y ☒ N Type ___

10.FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) ___

Describe control device ___

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 100 Static water level (ft) 100

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port Welded Steel Cap

Well test: / **Test method:**

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	15	1 hr.	☐	☐	☒	☐
			☐	☐	☐	☐

Water quality test or comments: ___

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y	Water N
10	0	3	Top Soil		x
10	3	24	Granite Decomposed		x
10	24	38	Granite Grey Med		x
6	38	45	Granite Grey Med		x
6	45	57	Granite Rose Med		x
6	57	80	Granite Grey Green		x
6	80	285	Granite Grey		x
6	285	295	Granite Rose 1GPM	x	
6	295	310	Granite Grey		x
6	310	340	Granite Grey Green	x	

RECEIVED
OCT 06 2014
IDWR / NORTH

Completed Depth (Measurable): 340

Date Started: Aug 26, 2014 Date Completed: Aug 27, 2014

14. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name H2O Well Service Inc. Co. No. 448

*Principal Driller [signature] Date 9-3-14

*Driller [signature] Date 9-3-14

*Operator II ___ Date ___

Operator I ___ Date ___

*** Signature of Principal Driller and rig operator are required.**