



Northwest Groundwater
Consultants, LLC

November 5, 2021

Project No. 01200-01

Mr. Cory Yost
Yost Gallagher Construction
1803 E Springfield
Spokane, WA 99202

Subject: Groundwater Quantity Report, Coolin Property, Bonner County, Idaho

Dear Mr. Yost:

Northwest Groundwater Consultants, LLC (NWGC) has prepared this Groundwater Quantity Report in support of proposed development (the "Site") in Bonner County. NWGC understands that the property will be subdivided into ten lots that range in size from 0.92 to 1.19 acres.

The objective of this Report is to provide *"how the aquifer proposed for water supply has sufficient production capability to provide drinking water to all applicable lots and that a location is available within each lot for installation of a well without conflicting with proposed sewage systems on or adjacent to the proposed lot"* as required by the Bonner County Land Use Regulations Section 12-623.B.1.

This report evaluates the likelihood that new wells will provide sufficient water. This assessment relies on publicly available information including but not limited, well driller reports, water right reports, topographic and geologic maps, soil survey, county assessor records, etc.

SITE AND VICINITY CONDITIONS

The Site is located just north of Coolin, Idaho along Sherwood Beach Road on the east side of Priest Lake and is situated in a portion of the north half (N ½) of the northwest quarter (NW ¼) of Section 10 (Government Lot 1, Township 59 North, Range 4 West, Boise Meridian in Bonner County, Idaho. The Site consists of Bonner County Parcel No. RP59N04W102400A and is approximately 38.3 acres (Figure 1; Attachment A).

According to the U.S. Geologic Survey (USGS) 7.5-minute topographic map of the Coolin, Idaho Quadrangle (USGS, 2017), the overall Site elevation ranges from approximately 2,480 to 2,560 feet above mean sea level (amsl). The Site consists of a relatively steep slope along its west border and then occupies relatively flat ground to the east. The Site is currently forested.

Mean annual precipitation at the Site is approximately 31.5 inches per year based on the 30-year period from 1981 to 2010 (WRCC, 2021). Precipitation depth and intensity for the



25-year, 24-hour storm event is approximately 3.0 inches and 0.125 inches per hour, respectively, (NOAA, 1973)

GEOLOGY AND HYDROGEOLOGY

The geologic interpretation of the Site and the surrounding area is based on the Geologic Map of the Sandpoint 30' X 60' Quadrangle, Idaho and Montana, and the Idaho Part of the Chewelah 30' x 60' Quadrangle (Lewis and others, 2020). Generally, geologic mapping shows that the Site contains the Pleistocene-age undivided deposits of outwash gravel. These deposits typically consist of unsorted to moderately sorted, sandy pebble to boulder gravel comprised of rounded to subrounded granitic and intrusive clasts and subrounded to subangular Belt Supergroup clasts. Deposits are moderately to coarsely stratified and locally interbedded with silt and clay. The glacial deposits form a terrace along the west portion of the Site.

Surface soils include silt loams and gravelly silt loams of the Pend Oreille and Vay-Ardtoo series with thicknesses as much as 33 feet. Basement rock consists of argillite and siltites, of the Prichard Formation within the Belt Supergroup (Lewis and Others, 2020).

The aquifer in the area containing the Site is comprised of unconsolidated sediments. Further, the bedrock topography bounds the aquifer to the east and to the southwest. and the aquifer appears to be hydraulically connected to Priest Lake to the west. Water level elevations in wells are generally above the water surface elevation of Priest Lake (2,439 feet) at summer pool. Groundwater is inferred to flow towards Priest Lake.

WATER WELL INVENTORY

A review of well driller's reports obtained from the Idaho Department of Water Resources (IDWR) online well log database indicates that wells in the surrounding area are typically completed in "sand and gravel or gravel" (i.e., alluvium). Water wells that were locatable approximately ½ mile of the Site are shown in Figure 1. Table 1 presents a summary of water wells identified in the IDWR database and the corresponding well driller's reports are included in Attachment A. Wells were located through review of well driller reports and/or water rights records. Not all wells identified in the IDWR database were locatable.

As indicated in Table 1, most wells are completed in sand and/or gravel. Static water levels (SWL)¹ in the wells completed in sand and/or gravel ranged from -3 feet above ground surface (artesian flow) to 100 feet below ground surface (bgs) with an average SWL of 47

¹ Static water levels were reported on the well driller reports and represent water levels measured at the time of drilling.



feet bgs and groundwater elevations ranged from 2,452 to 2,534 feet. Reported yields² ranged from 5 to 50 gallons per minute (gpm) with an average yield of 13 gpm. Potential available drawdown (total depth minus SWL) for wells completed in these deposits ranged from 15 to 105 feet with an average of 38 feet.

Wells closest to the Site (Map IDs G, H, I, L and M – Figure 1) range in depth from 58 to 78 feet with SWLs ranging from 1 to 10 feet bgs. Reported yields in these wells range from 5 to 50 gpm (four of the wells were 25 gpm or greater) (Figure 2; Table 1). Comparison of SWLs the depths in which water was encountered suggest that the aquifer is at confined in this area. Further, each of these wells were tested at their reported yields for 1 hour.

Given that the proposed lots are approximately 100 feet higher in elevation, future wells for the site may need to be drilled to about 160 to 180 feet deep in order to be completed in the aquifer. Given the ranges of well yields for wells closest to the Site, it is reasonable to conclude that future wells located on the Site will provide sufficient quantities of water. Further, the proposed lots are large enough to accommodate the required setbacks from proposed drainfields.

CONCLUSIONS AND RECOMMENDATIONS

Based on the review of available information and the lines of evidence presented above, it is likely that an individual well located on each of the ten proposed lots will be capable of producing sufficient flow and volume of water. As a comparison, Kootenai County requires a minimum of 1,500 gallons per day (gpd) with a minimum flow of 5 gpm for 4 hours per residence without negatively affecting nearby property owners if no more than one-half ($\frac{1}{2}$) acre of each lot is irrigated³. Given the higher well yields of most nearby wells, there appears to be an adequate groundwater supply.

Although the opinions presented in this assessment are based on publicly available information, only the drilling and pump testing of a well or wells can confirm the actual amount of available groundwater and impacts to nearby wells, if any. In the event of a low producing well or wells, storage may be needed.

² Based on well tests at time of drilling and may not be indicative of long-term production

³ Kootenai County Land Use and Development Code (October 22, 2019) Article 6.3 – Minor Subdivisions, Subsection 8.6.302.B.8.e



Northwest Groundwater
Consultants, LLC

If you have any questions, or wish to discuss any items further, please do not hesitate to contact me at (208) 755-1094.

Sincerely,



11/5/2021

Thomas F. Mullen, PG
Principal Hydrogeologist

Attachments:

- Limitations
- References
- Table
- Figures
- Attachment A – Project Drawing
- Attachment B - Well Driller Reports

LIMITATIONS

The services undertaken in completing this report were performed consistent with generally accepted professional consulting principles and practices. No other warranty, express or implied, is made. These services were performed consistent with our agreement with our client. This report is solely for the use and information of our client unless otherwise noted. Any reliance on this report by a third party is at such party's sole risk.

Opinions and recommendations contained in this report apply to conditions existing when services were performed and are intended only for the client, purposes, locations, time frames, and project parameters indicated. We are not responsible for the impacts of any changes in standards, practices, or regulations subsequent to performance of services. We do not warrant the accuracy of information supplied by others, or the use of segregated portions of this report.

REFERENCES

- Lewis, R.S., Burmester, R.F., Breckenridge, M.D., and Phillips, W.M., 2020. Geologic Map of the Sandpoint 30' x 60' Quadrangle, Idaho and Montana, and the Idaho Part of the Chewelah 30' x 60' Quadrangle: Idaho Geological Survey Digital Web Map 189, scale 1:100,000.
- U.S. Department of Commerce, National Oceanic and Atmospheric Administration (NOAA), 1973. NOAA Atlas 2, Precipitation-Frequency Atlas of the Western United States, Volume 5, Idaho.
- Western Regional Climate Center (WRCC), 2021. Priest River Exp Stn, Idaho (107386) 1981-2010 Monthly Climate Summary: <https://wrcc.dri.edu/cgi-bin/cliMAIN.pl?id7386>

TABLE

TABLE 1
Well Driller Reports Summary

Well Owner at Time of Drilling	Map ID	Well Tag No.	Date Completed	Legal Description ¹				Total Depth (ft)	Ground Surface Elevation ²	SWL ³ (ft)	Groundwater Elevation ³ (ft amsl)	Available Drawdown ⁴ (ft)	Production Rate ⁵ (gpm)	Water-Bearing Formation ⁶
				Q-Q (40-160 ac)	Section	Township	Range							
Arthur, Brenda & David	A	D0082106	11/26/2019	SWNW	10	59N	04W	60	2459	2	2457	58	10	Sand & Gravel
Azar, Cyrus	B	D0010461	8/18/1999	SESW	3	59N	04W	74	2536	43	2493	31	15	Sand & Gravel
Bauer, Chuck	C	D0058195	7/15/2010	NWSWNW	10	59N	04W	50	2453	1	2452	49	8	Sand & Gravel
Berry, Wilford			7/11/1990	SWNW	10	59N	04W	85	NA	60	NA	25	5	Sand
Bowers, Cheryl		D0028156	2/5/2003	NENE	10	59N	04W	128	NA	100	NA	28	8	Sand
Bowling, Dan	D	D0051857	5/14/2007	NWNW	10	59N	04W	100	2543	70	2473	30	10	Sand
Brett, Teresa		D0040104	5/15/2005	SESW	3	59N	04W	72	NA	50	NA	22	10	Sand
Brown, Carl			4/25/1972	SENW	10	59N	04W	76	NA	61	NA	15	5	Sand & Gravel
Brown, Russ			6/6/1994	SESW	3	59N	04W	60	NA	35	NA	25	6	Sand
Crestwell, Doug		D0040662	8/30/2005	SESW	3	59N	04W	78	NA	50	NA	28	8	Sand
Dalebout, Gerald		D0035598	11/8/2004	SWNW	10	59N	04W	100	NA	67	NA	33	15	Sand & Gravel
Delacha, Ted		D0028077	5/17/2002	NWSE	3	59N	04W	800	NA	83	NA	717	1	Shale
Delacha, Ted		D0028615	6/6/2004	NWSE	3	59N	04W	800	NA	120	NA	680	1.5	Shale
Delacha, Ted	E	D0056765	9/15/2009	NWSE	3	59N	04W	63	2563	29	2534	34	6	Sand & Gravel
Dike, Marvin	F		8/29/1989	NR	10	59N	04W	48	2481	-2.8	2483.8	50.8	30	Sand
Engblom, Douglas			1/29/1994	SWNW	10	59N	04W	164	NA	93	NA	71	15	Sand & Gravel
Fehr, Eric		D0003004	6/30/1997	SWSE	3	59N	04W	95	NA	40	NA	55	0.5	Granite
French, Bruce		D0051863	6/5/2007	SWNW	10	59N	04W	94	NA	74	NA	20	10	Sand
Gallagher, Jeff	G	D0088455	7/13/2021	NWNW	10	59N	04W	58	2455	1	2454	57	25	Sand
Groves, Randy		D0056512	1/5/2009	NENE	10	59N	04W	120	NA	100	NA	20	10	Sand
Hadley, Mike			6/5/1994	SWSE	3	59N	04W	60	NA	35	NA	25	6	Sand
Hanson, Nancy		D0079912	8/15/2019	SWNW	10	59N	04W	142	NA	51	NA	91	20	NA
Keeble, Jerame	H	D0088461	7/19/2021	NWNW	10	59N	04W	58	2477	10	2467	48	25	Sand
Kine, Scott		D0022955	11/23/2002	NWNW	10	59N	04W	70	NA	55	NA	15	10	Sand
Lammers, Gary		D0017452	7/2/2001	SWNW	10	59N	04W	70	NA	20	NA	50	10	Sand
Langley, Merle		D0044842	7/18/2006	SWNW	10	59N	04W	114	NA	80	NA	34	10	Sand
LaSalle, Andre & Kathleen		D0051861	5/31/2007	NENE	10	59N	04W	67	NA	40	NA	27	10	Sand
Louik, Nat		D0033605	4/28/2004	SENW	10	59N	04W	101	NA	65	NA	36	5	Sand
Louik, Nat		D0040659	8/21/2005	SENW	10	59N	04W	100	NA	50	NA	50	5	Sand
Louik, Nat		D0044804	5/20/2006	SENW	10	59N	04W	100	NA	80	NA	20	10	Sand
Lysne, Art & Linda			10/18/1994	NWNW	10	59N	04W	39	NA	0.5	NA	38.5	15	Granite
Mandere, John	I	D0088460	7/15/2021	NWNW	10	59N	04W	73	2466	1	2465	72	50	Sand & Gravel
Mason, Clair		D0055575	8/19/2008	SENW	10	59N	04W	100	NA	70	NA	30	10	Sand
Meagher, Jeff		D0046045	8/28/2006	SWNW	10	59N	04W	108	NA	70	NA	38	10	Sand
Mehrens, Colleen		D0017135	5/11/2001	SWSE	3	59N	04W	404	NA	Dry	NA	NA	NA	NA
Mehrens, Colleen		D0022313	6/7/2002	SWSE	3	59N	04W	420	NA	0	NA	420	0	NA
Milford, Bill		D0028359	5/15/2003	SWSE	3	59N	04W	66	NA	45	NA	21	8	Sand
Moar, Tom			8/7/1990	SWNW	10	59N	04W	73	NA	53	NA	20	20	Sand



TABLE 1
Well Driller Reports Summary

Well Owner at Time of Drilling	Map ID	Well Tag No.	Date Completed	Legal Description ¹				Total Depth (ft)	Ground Surface Elevation ²	SWL ³ (ft)	Groundwater Elevation ³ (ft amsl)	Available Drawdown ⁴ (ft)	Production Rate ⁵ (gpm)	Water-Bearing Formation ⁶	
				Q-Q (40-160 ac)	Section	Township	Range								
Morris, Stanley			9/24/1992	NR	10	59N	04W	139	NA	34	NA	105	40	Sand	
Nesbitt, Monte		D0040910	11/10/2005	SWNW	10	59N	04W	120	NA	100	NA	20	10	Sand	
Nielson, Mike		D0046005	8/30/2006	NWSE	3	59N	04W	60	NA	45	NA	15	6	Sand	
Nielson, Mike & Aninna ⁷			3/15/1995	NWSE	3	59N	04W	800	NA	35	NA	765	1	Shale	
Noles, K.C.		D0022036	6/3/2002	SESW	3	59N	04W	75	NA	40	NA	35	8	Sand & Gravel	
Parks, Dave		D0017329	6/23/2001	SWSE	3	59N	04W	65	NA	45	NA	20	10	Sand	
Patton, David & Holly		D0013074	2/21/2000	SWSENW	10	59N	04W	48	NA	-1	NA	49	10	Sand	
Peper, Mary Ellen		D0010775	11/24/1999	SWSE	3	59N	04W	66	NA	50	NA	16	6	Sand	
Peterson, Gregory			5/29/1995	NR	3	59N	04W	58	NA	36	NA	22	20	Sand	
Plester, Stan		D0005029	7/4/1999	NENW	10	59N	04W	26	NA	4	NA	22	20	Sand	
Rawlinson, Kendall	J		7/20/1994	NWSESE	3	59N	04W	83	2494	10	2484	73	10	Sand & Gravel	
Richie, Sheila			8/1/1989	SWNW	10	59N	04W	50	NA	4	NA	46	20	Sand	
Richmond, Jerry		D0028871	10/12/2003	SWSE	3	59N	04W	70	NA	50	NA	20	10	Sand	
Riegel, Dennis	K		4/14/1988	SWNW	10	59N	04W	170	2526	68	2458	102	10	Sand	
Schmitt, Gary		D0033491	12/31/2003	NWSENW	10	59N	04W	119	NA	98	NA	21	10	Sand	
Schmitz, Michael and Karen	L	D0088459	7/14/2021	NWNW	10	59N	04W	78	2459	1	2458	77	25	Sand & Gravel	
Scott, James & Clarice Brown			5/16/1988	NESW	3	59N	04W	135	NA	90	NA	45	20	Sand & Gravel	
Scott, James & Clarice Brown			5/10/1990	NESW	3	59N	04W	131	NA	86	NA	45	20	Sand & Gravel	
Smith, Gary		D0028503	6/28/2003	SWSE	3	59N	04W	78	NA	60	NA	18	10	Sand	
Storro, Kevin		D0046231	11/5/2006	NESE	3	59N	04W	92	NA	70	NA	22	10	Sand	
Stutzman, Jonas			5/11/1995	NENW	10	59N	04W	50	NA	8	NA	42	10	Sand	
Triesch, Bart			6/4/1994	SWSE	3	59N	04W	60	NA	30	NA	30	8	Sand	
Wagner, Stuart & Patricia			10/27/1992	NWSE	3	59N	04W	37	NA	Dry	NA	NA	NA	NA	
Wagner, Stuart & Patricia			10/8/1993	S2NWSE	3	59N	04W	104	NA	74	NA	30	9	Sand	
Walchek, Frank			1/5/1995	SWNW	10	59N	04W	70	NA	50	NA	20	10	Sand	
Wandless, Richard			3/20/1993	SESW	3	59N	04W	70	NA	50	NA	20	10	Sand	
Yost, Cory	M	D0088456	7/16/2021	NWNW	10	59N	04W	71	2463	2	2461	69	5	Sand & Gravel	
Young, John		D0022235	8/21/2002	NESW	3	59N	04W	104	NA	45	NA	59	12	Sand	
Wells completed in Sand and/or Gravel								Minimum	26	2453	-2.8	2452	15	5	
								Maximum	170	2563	100	2534	105	50	
								Average	84	2490	47	2472	37	13	

Notes:

¹Legal descriptions as indicated on well driller reports; actual locations may vary. Q-Q = Quarter (40 ac)- Quarter (160 ac).

²Ground surface elevations estimated from Google Earth; locations of wells were reconciled with IDWR water right records and Bonner County Assessor records and located as practical; actual locations and elevations may vary.



TABLE 1
Well Driller Reports Summary

Well Owner at Time of Drilling	Map ID	Well Tag No.	Date Completed	Legal Description ¹				Total Depth (ft)	Ground Surface Elevation ²	SWL ³ (ft)	Groundwater Elevation ³ (ft amsl)	Available Drawdown ⁴ (ft)	Production Rate ⁵ (gpm)	Water-Bearing Formation ⁶
				Q-Q (40-160 ac)	Section	Township	Range							

³Based on static water level (SWL) at the time of drilling.

⁴Total depth minus SWL at the time of drilling.

⁵Based on well test data at time of drilling.

⁶Formations as indicated on well driller reports.

⁷Well driller's report not available; well information taken from IDWR well summary table.

Shaded rows designate locatable wells.

ac = acre

ft amsl = feet above mean sea level

ft = feet

gpm = gallons per minute

NA = Not applicable and/or well not locatable

NR = Not recorded on well driller reports

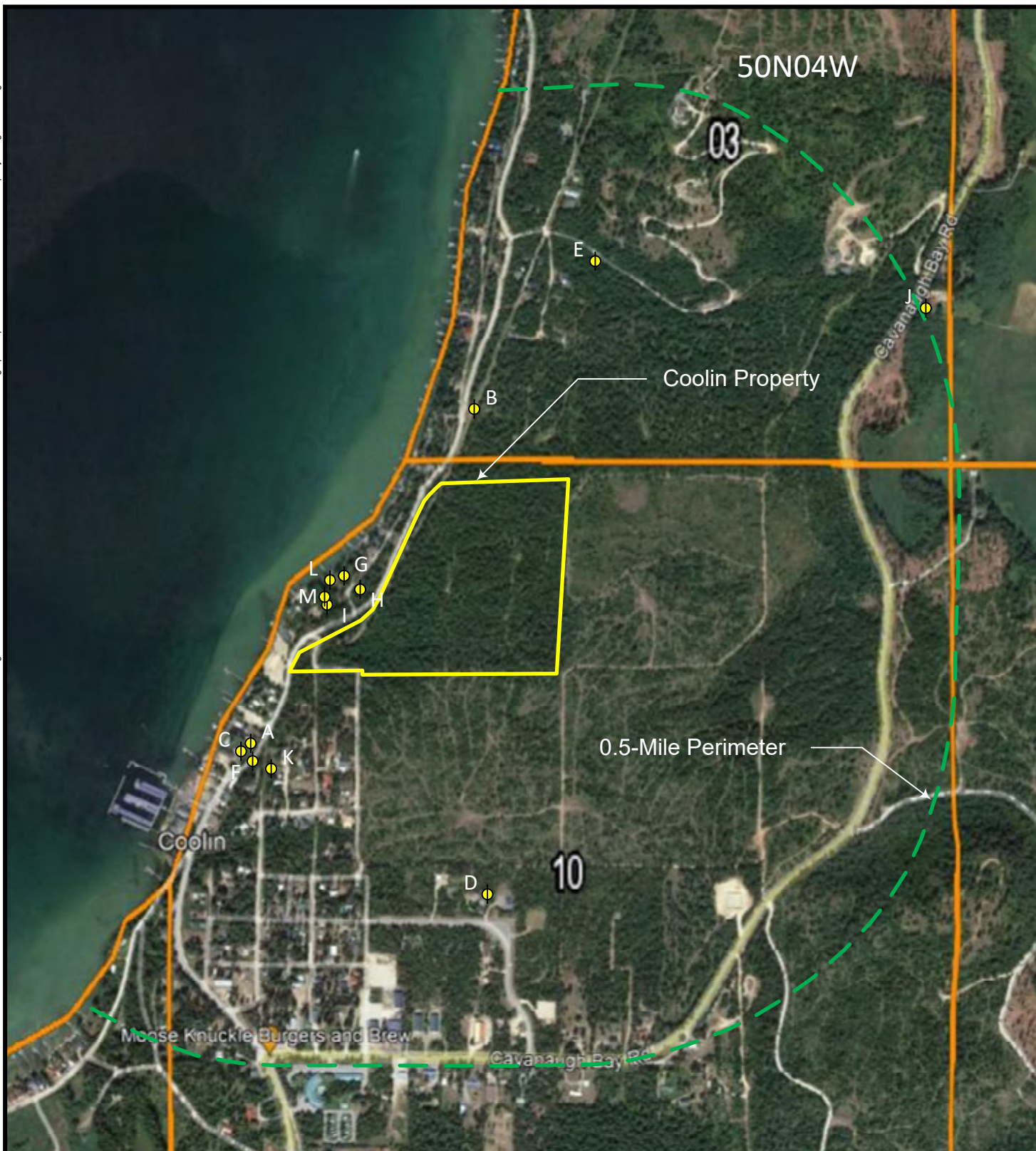


FIGURES

The information included on this graphic representation was compiled from a variety of sources and is subject to change without notice. NWGC makes no representations or warranties, express or implied, as to accuracy, completeness, timeliness, or rights to the use of such information. This document is not intended for use as a land survey product nor is it designed or intended as a construction design document. The use or misuse of the information contained on this graphic representation is at the sole risk of the party using or misusing the information.

October 27, 2021

C:\Users\lfrull\OneDrive\NWGC\Projects\01200-01



Well completed in Sand
and/or Gravel



0

2000 feet

Source: Google Earth, Image Date 8/4/2019



**Northwest Groundwater
Consultants, LLC**

01200-01

OCTOBER 2021

WELL LOCATION MAP
GROUNDWATER QUANTITY REPORT
COOLIN SUBDIVISION
BONNER COUNTY, IDAHO

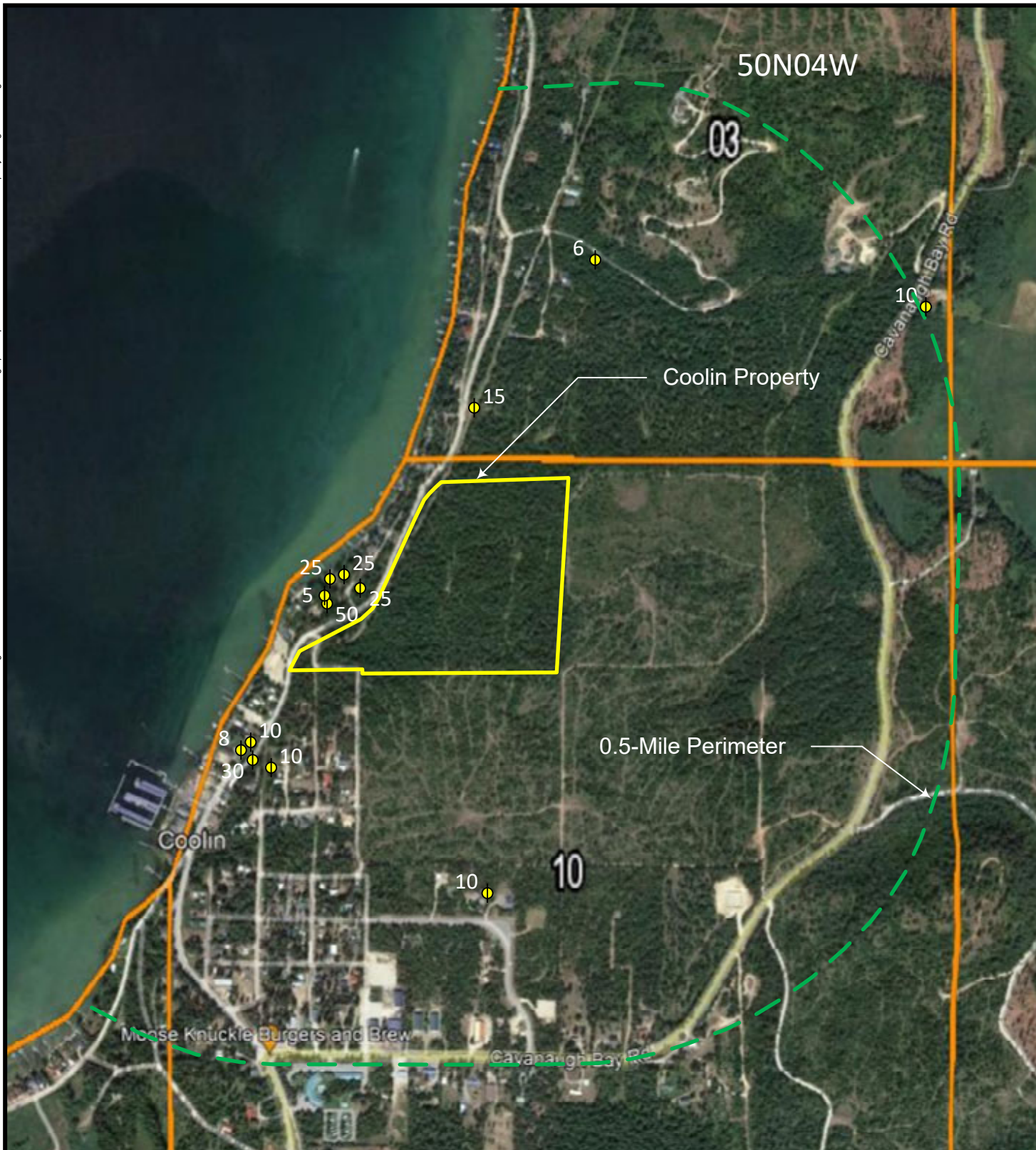
FIGURE

1

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October 27, 2021

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Well completed in Sand and/or Gravel

25

Well Yield (gpm)
(as recorded at the time of drilling)



0

2000 feet



Northwest Groundwater Consultants, LLC

01200-01

OCTOBER 2021

WELL YIELD MAP
GROUNDWATER QUANTITY REPORT
COOLIN SUBDIVISION
BONNER COUNTY, IDAHO

FIGURE

2

Source: Google Earth, Image Date 8/4/2019

ATTACHMENT A

Project Drawing

COOLIN PRELIMINARY PLAT

A PORTION OF THE NORTH HALF OF THE NORTHWEST QUARTER,
SECTION 10, TOWNSHIP 59 NORTH, RANGE 04 WEST, B.M.,
CITY OF COOLIN, BONNER COUNTY, IDAHO

SITE DATA TABLE:

NO. OF BUILDING PARCELS	10, WITH 1 REMAINDER PARCEL
PARCEL SIZES	0.9 ACRES TO 28 ACRES
MINIMUM AREA	12K SF
SETBACKS	PROP. LINE: 5', STREET: 25'
CURRENT ZONING	RECREATION
CURRENT LAND USE	RESORT COMMUNITY
EXISTING STRUCTURES/USES	VACANT
SANITARY SEWER	COOLIN SEWER DISTRICT
WATER PURVEYOR	PRIVATE WELLS
PROPOSED USES	RESIDENTIAL - SFR
TOTAL AREA	37.60 ACRES
PUBLIC ROAD DEDICATION	N/A
GROSS DENSITY	0.27 UNITS/ACRE
PARCEL NUMBER	RP59N04W102400A

NOTES:

1. ALL LOT SIZES AND DIMENSIONS ARE SCHEMATIC.
2. NUMBER OF BUILDABLE LOTS TBD.

LEGEND

	SUBJECT PROPERTY BOUNDARY
	EXISTING PROPERTY LINE
	SECTIONAL LINE
	EASEMENT LINE
	EASEMENT CENTERLINE
	OHP OVERHEAD POWER LINE
	MAJOR CONTOUR
	MINOR CONTOUR
	ASPHALT
	GRAVEL
	POWER POLE
	WATER VALVE
	FOUND MONUMENT
	PROPOSED EASEMENT
	PROPOSED GRAVEL EDGE

SURVEYOR'S CERTIFICATE

I, TROY A. CARLSON, PLS 48373, DO HEREBY CERTIFY THAT THIS PRELIMINARY PLAT WAS PREPARED BY ME UNDER MY DIRECTION IN ACCORDANCE WITH LOCAL ORDINANCES AND THAT THE TOPOGRAPHICAL ITEMS SHOWN HEREIN ARE IN ACCORDANCE WITH WAC 332-130-145.

TROY A. CARLSON
PLS 48373

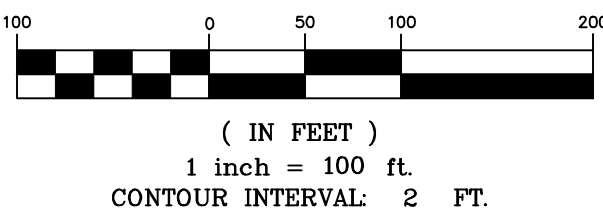
ELEVATION DATUM

NAVD88 ESTABLISHED FROM OPUS SOLUTION OF STATIC GPS OBSERVATION ON A LOCAL CONTROL POINT.

SITE TBM

FOUND 5/8 REBAR W/ PLASTIC, PLS 7156
NORTHWESTER RIGHT-OF-WAY OF SHERWOOD
BEACH ROAD AT THE SOUTHERLY RIGHT-OF-
WAY OF PAUL JONES BEACH ROAD
ELEVATION: 2465.74

GRAPHIC SCALE

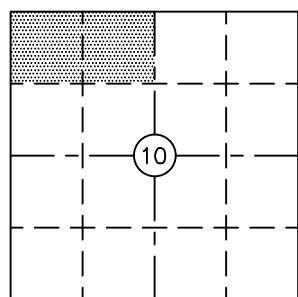


SURVEYOR:

STORHAUG ENGINEERING
510 E THIRD AVE
SPOKANE, WA 99202
CONTACT: TROY CARLSON, PLS
509-242-1000

OWNER:

YOMANONE LLC
PO BOX 2983
SPOKANE, WA 99220



civil engineering planning
landscape architecture surveying

510 east third avenue | spokane, wa | 99202
p 509.242.1000

DATE	09/07/2021	SCALE	1" = 100'
FIELD BOOK	21-153	DRAWN	LJT
PROJECT NUMBER	21-153	DRAWING NO.	1 OF 1

ATTACHMENT B

Well Driller Reports

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTLocation Corrected by IDWR To:
T59N R04W Sec. 10 NWSWNW
By: mciscell 2013-10-161. WELL TAG NO. D0058195Drilling Permit No. 59461

Water right or injection well # _____

2. OWNER: CHUCK BAUERName CHUCK BAUERAddress 2104 Winchester WayCity Scandia State ID Zip 83864

3. WELL LOCATION:

Twp. 59 North ☒ or South ☐ Rge. 04 East ☐ or West ☒Sec. 10 1/4 NW 1/4 SW 1/4Gov't Lot _____ County BonnerLat. 48 ° 28.878 (Deg. and Decimal minutes)Long. 116 ° 50.878 (Deg. and Decimal minutes)Address of Well Site 438 Bayshore BlvdCity Clifton

(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 ft ³)	Placement method/procedure
<u>Bentonite</u>	<u>0</u>	<u>15</u>	<u>450 lbs</u>	<u>Temp Casing</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6</u>	<u>1</u>	<u>45</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 45'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____Manufactured screen ☒ Y ☐ N Type Johnson 301Method of installation Pull Back

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>45</u>	<u>50</u>	<u>20</u>	<u>5'</u>	<u>6</u>	<u>SS Steel</u>	<u>250</u>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K Packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

11. FLOWING ARTESIAN:

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

Describe control device _____

59N 04W 10

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 3' Static water level (ft) 1'Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>12'</u>	<u>8.6 gpm</u>	<u>1 Hr</u>

Test method:

Pump ☐ Bailer ☒ Air ☐ Flowing artesian ☐

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	N
<u>10</u>	<u>0</u>	<u>1</u>	<u>TOP Soil</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>1</u>	<u>3</u>	<u>SAND & GRAVEL</u>		<input checked="" type="checkbox"/>
<u>10</u>	<u>3</u>	<u>22</u>	<u>SAND & SMALL GRAVEL</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<u>6</u>	<u>22</u>	<u>43</u>	<u>fine SAND light brown</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>43</u>	<u>46</u>	<u>SAND 20% TAN</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>46</u>	<u>50</u>	<u>SAND 25% TAN</u>	<input checked="" type="checkbox"/>	
<u>6</u>	<u>50</u>	<u>51</u>	<u>clay</u>		<input checked="" type="checkbox"/>

Completed Depth (Measurable): 50'Date Started: 7/13/10 Date Completed: 7/15/10

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 Carl J. & Sons Co. No. 148*Principal Driller Steve Potts Date 7/19/10

*Driller _____ Date _____

*Operator II John Potts Date 7/19/10

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Wilford Berry
Address Coalin Idaho
Owner's Permit No. 97-90-N-11

7. WATER LEVEL

Static water level 60 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>5</u>	<u>65</u>	<u>1</u>

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>60</u>	<u>1</u>	<u>- Soil</u>			<input checked="" type="checkbox"/>
<u>1</u>	<u>60</u>	<u>Sand</u>			<input checked="" type="checkbox"/>
<u>60</u>	<u>85</u>	<u>Fine Sand</u>			<input checked="" type="checkbox"/>

4. METHOD DRILLED

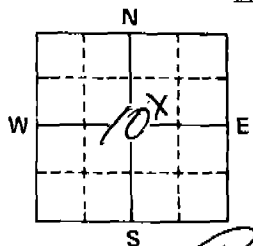
☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☒ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☒ Yes ☐ No
Manufacturer's name Johnson
Type Telescope Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing
☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent
Weld
☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____

County Bonner
SW 1/4 NW 1/4 Sec. 10, T. 59 N, R. 4 E (W)

10.

Work started 6-7-90 finished 7-11-90

11. DRILLERS CERTIFICATION

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

Firm Name C. Pitts & Sons Firm No. 168

Address Rt 206 Hous Id Date 8-13-90

Signed by (Firm Official) Carl Pitts

and
(Operator) Carl Pitts

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0028156
 DRILLING PERMIT NO. 791060
 Water Right or Injection Well No. _____

2. OWNER:
 Name Cheryl Bowers
 Address Acme Given
 City Coolin State ID Zip 83821



3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 59 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 10 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County Bonner
 Lat: _____ Long: _____
 Address of Well Site Turn behind Coolin store
4 block back City Coolin
 (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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>250 lbs</u>	<u>Temp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 123'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>123</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ Y ☐ N Type R-packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Johnson - pull back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>123</u>	<u>128</u>	<u>25</u>		<u>6"</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

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

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>8+</u>	<u>2'</u>	<u>102'</u>	<u>1hr</u>

Water Temp. 60.5 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 110'

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>18</u>	<u>TOP Soil. Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>18</u>	<u>60</u>	<u>Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>60</u>	<u>110</u>	<u>Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>110</u>	<u>128</u>	<u>Sand</u>	<input checked="" type="checkbox"/>	

RECEIVED

APR 09 2003

IDWR North

Completed Depth 128' (Measurable)
 Date: Started 1/29/03 Completed 2/5/03

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 Cop/Ring & Sons Firm No. 148

Principal Driller Steve Pettis Date 2/25/03

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

59N 4W 10

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
	1/4	1/4	1/4
Lat:	:	Long:	:

1. **WELL TAG NO. D** 0040104
DRILLING PERMIT NO. 833037
Water Right or Injection Well No. _____

2. **OWNER:**
Name Teresa Brett
Address 1911 E. 42nd
City Spokane **State** WA **Zip** 99203

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 **North** ☒ or **South** ☐
Rge. 4 **East** ☐ or **West** ☒
Sec. 3 **1/4** SE **1/4** SW **1/4**
Gov't Lot _____ **County** Bonner
Lat: _____ **Long:** _____
Address of Well Site Sherwood Loop Rd.
_____ **City** Coolin
(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	250 lbs	Temp Casing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 47
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 1/4		67	20	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Factory
Screen Type & Method of Installation Cook - pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
67	72	20		6"	SS	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

50" ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10	5	55"	1 hr

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	19	TOP Soil, gravel		<input checked="" type="checkbox"/>
6	19	25	gravel		<input checked="" type="checkbox"/>
4	25	55	sand, clay lenses		<input checked="" type="checkbox"/>
6	55	72	sand, clay lenses		<input checked="" type="checkbox"/>

RECEIVED
JUL 14 2005
IDWR North
RECEIVED
JUL 14 2005
IDWR North

Completed Depth 72" (Measurable)
Date: Started 5-4-05 Completed 5-15-05

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 Cecil Pappas & Sons Firm No. 168
Principal Driller Steve Pappas Date 5/21/05
and _____
Driller or Operator II William Lapp Date 5/21/05
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer
within 30 days after completion or abandonment of the well.

RECEIVED

JUN 23 1972

1. WELL OWNER

Name Carl Brown
Address Coolin Idaho
Owner's Permit No. 97-72-N-13

7. WATER LEVEL

Static water level 61 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow
Temperature 68 ° F. Quality Good
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☒ Bailor ☐ Other

Discharge G.P.M. Draw Down Hours Pumped

5 GPM5 ft.2

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal ☐ Industrial ☐ Stock

4. METHOD DRILLED

☒ Cable ☐ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 76 feetCasing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>1/4</u> inches	<u>6</u> inches	<u>1</u> feet	<u>76</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was a packer or seal used? ☐ Yes ☒ NoPerforated? ☒ Yes ☐ NoHow perforated? ☐ Factory ☐ Knife ☒ TorchSize of perforation 7/16 inches by 4 inches

Number	From	To
<u>25</u> perforations	<u>74</u> feet	<u>68</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

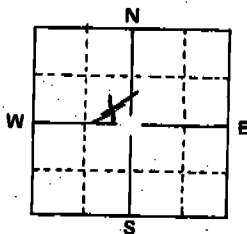
Gravel packed? ☐ Yes ☒ No Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal? ☒ Yes ☐ No To what depth 18 feetMaterial used in seal ☒ Cement grout ☐ Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

County BonnerSE 1/4 NW 1/4 Sec. 10 T. 59 N. R. 4 W

10.

Work started April 23-72 finished April 25-72

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is
true to the best of my knowledge.Driller's or Firm's Name Carl Wells DrillingNumber 168Address 162 Newport Wash.Signed By Carl WellsDate April 30-72

IDAH0 DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT


RECEIVED
Ball Point Pen
AUG 2 1994
NORTHERN REGION
J D W R
Flowing Artesian

1. DRILLING PERMIT NO. 97-94-433
Other IDWR No. _____

2. OWNER: Russ Brown
Name Box 172
Address Coolin State Id Zip 83821

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



T. 59 North ☒ or South ☐
 E. R. 4 East ☐ or West ☒
 Sec. 3 SW 1/4 SE 1/4 1/4
40 acres 40 acres 160 acres
 Gov't Lot _____ County Bonner

Address of Well Site Sherwood Beech

(Give at least Direction + Distance to Road or Landmark)

Lot No.	Block No.	Subd. Name
---------	-----------	------------

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☐ Air Rotary ☒ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	6	Temp Casing

Was drive shoe seal tested? Y ☐ N ☒ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
6	0	150	250			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoes 55'

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method Telescoping
☒ Screens Type Johnson Material Steel

From	To	Slot Size	Number	Diameter	Tel./Pipe Size	Casting	Liner
55	100	20		6"		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

SWSE 3 59N 4W

10. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
6	20	55	1 hr

Temperature of water _____ Was a water analysis done? Yes ☐ No ☐

By whom? _____

Water Quality (odor, etc.) _____

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

35 ft. below surface Depth artesian flow found

Artesian pressure lb. Describe access port

Describe Controlling Devices:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 Carl P. Hsu + Sons Firm No. 168

Firm Official Carl E. Ho Date 6-10-44

Supervisor or Operator Steve Pitts Date 10-10-94

(Sign once if Firm Official & Operator)

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0040662
DRILLING PERMIT NO. 835589
Water Right or Injection Well No. _____

2. OWNER: Doug Crestwell
Name _____
Address 1111 E. Mountain Ave
City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 3 1/4 SE 1/4 SW 1/4
Gov't Lot _____
County Bonner

Lat: _____ Long: _____
Address of Well Site Sherwood Bench Loop Rd.
City COOLIN

(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

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☐ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	20 lbs	Temp Casing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 73'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4"	11	73	20	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer 4" ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method PACK-4
Screen Type & Method of Installation Alloy pull pack

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
73	78	20	34	6"	SS	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

50' ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8+	20'	70'	11hr

Water Temp. 60.1 Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	20	TOP SOIL, SAND, GRAVEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	20	60	Sand, gravel	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6"	60	78	Sand	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECEIVED
SEP 23 2005
IDWR/North

Completed Depth 78' (Measurable)
Date: Started 8-26-05 Completed 8-30-05

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 Carl Pitts & Sons Firm No. 168

Principal Driller Steve Pitts Date 9/10/05

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
	1/4	1/4	1/4
Lat:	:	Long:	:

1. WELL TAG NO. D 35598
DRILLING PERMIT NO. 825988
Water Right or Injection Well No. _____

2. OWNER:
Name GERALD DALEBOUT
Address 4005 OLD PRIEST RIVER RD.
City PRIEST RIVER State ID Zip 83856

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59N North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10 1/4 SW 1/4 NW 1/4
Gov't Lot _____ County BONNER

Lat: _____ Long: _____
Address of Well Site CLINTON ROAD
City COOLIN

(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 Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	18	500/lbs	TEMP CASING

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 95'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" + 1	95	250		STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K-PACKER (24")

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method N/AScreen Type & Method of Installation STAINLESS TELESCOPING

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
95	100	18	304	5"	STAINLESS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

67 ft. below ground Artesian pressure _____ lb.Depth flow encountered 33 ft. Describe access port or control devices: _____WELL CAP59N 4W 10

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15+			1 HR

Water Temp. COLD

Bottom hole temp. _____

Water Quality test or comments: CLEARDepth first Water Encounter 67'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	6	COBBLES/SAND/DIRT		<input checked="" type="checkbox"/>
10	6	18	BOULDERS/SAND		<input checked="" type="checkbox"/>
6	18	20	BOULDERS/SAND		<input checked="" type="checkbox"/>
6	20	32	PEA GRAVEL/SAND		<input checked="" type="checkbox"/>
6	32	67	PEA GRAVEL		<input checked="" type="checkbox"/>
6	67	77	SAND (BROWN)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
6	77	88	SAND/GRAVEL (BROWN)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	88	97	SAND (BROWN)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
	97	100	SAND (BROWN)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

RECEIVED

DOWN NORTH

Completed Depth 100' (Measurable)Date: Started 11-5-04 Completed 11-8-04

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 HUGHES WATER WELLS Firm No. 604Principal Driller David Hughes Date 11-29-04and Driller or Operator II John P. Pugh Date 11-29-04

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

OFFICE USE ONLY

Insected by
Two _____ Rae. _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat. : : Long. : :

Company Name Intermountain Drilling Firm No. 513
Firm Official [Signature] Date 9-9-02
Driller or Operator _____ Date _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

OFFICE USE ONLY
Inspected by
Twp. 1/4 Rae. 1/4 Sec. 1/4
Lat. : : Long. : :

1. WELL TAG NO. D 0028615
DRILLING PERMIT NO. 816100
Other IDWR No. JUL 07 2004

2. OWNER
Name TED DE LACA
Address P.O. BOX 84605
City FAIRBANKS State AK Zip 99708

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

W E S
Twp. 59 North or South
Rge. 4 East or West
Sec. 3 NW 1/4 SE 1/4
Gov't Lot County BONNER
Lat. : :
Long. : :

Address of Well N. OF COOLIN
City CAMP SHERWOOD
(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 Tool ☐ Mud Rotary ☐ Other

7. SEALING PROCEDURES

SEAL / FILTER PACK			AMOUNT	Method
Material	From	To	Sacks or pounds	
BENTONITE	0	19	3 SACKS	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depths(s) 19'
Was drive shoe seal tested? ☐ Y ☒ N How? N/A

8. Casing / Liner					Casing	Liner	Welded	Threaded
Diameter	From	To	Gauge	Material				
6"	+1	19	0.25	STEEL	<input checked="" type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4"	10	790	160	PVC	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Length of Headpipe N/A Length of Tailpipe N/A

9. PERFORATIONS / SCREENS
Perforations Method SKILSAW
Screens Screen Type N/A

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
700	800	1/8	175	4"	PVC	<input type="radio"/>	<input checked="" type="radio"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE
120 ft. below ground Artesian pressure N/A lb.

Depth flow encountered N/A ft. Describe access port or control devices: N/A

11. WELL TESTS
☐ Pump ☐ Bailor ☒ Air ☐ Flowing

Yield Gal. / Min.	Drawdown	Pumping Level	Time
1.5		800'	1 hour

Water Temp. 52 Bottom Hole Temp.
Water Quality test or comments: Good
Depth first Water 555'

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
10	0	1	Shale brown broken rock			
10	1	16	Shale brown soft			
10	16	19	Shale gray med - soft			
6	19	555	Shale gray med - soft			
6	555	630	Granite S&P hard			
6	630	760	Granite black hard			
6	760	800	Granite white w/ black hard			

Completed Depth 800' (Measurable)
Date Started 6-02-04 Completed 6-6-04

13. DRILLER'S CERTIFICATION
I/we certify that all minimum well construction standards were completed with at the time the rig was removed.
Company Name Intermountain Drilling Firm No. 513
Firm Official Date 7-4-04
Driller or Operator Date 6-10-04
(Sign once if Firm Official & operator)

59N 4W 3

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 56765Drilling Permit No. 8S7596

Water right or injection well # _____

2. OWNER: TED DELACA

Name _____

Address P.O. BOX 61City COOLIN State ID Zip 83821

3. WELL LOCATION:

Twp. 59 North ☒ or South ☐ Rge. 4 East ☐ or West ☒Sec. 3 1/4 NW 1/4 SE 1/4Gov't Lot _____ County BONNERLat. 48 ° 29 : 418 (Deg. and Decimal minutes)Long. 116 ° 50 : 286 (Deg. and Decimal minutes)Address of Well Site PLUMBAGO POINT RD, 400' E.S FOREST VIEW RD City PRIEST LAKE

(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

BENTONITE 0 30 1,100 lbs TEMP CASING

8. CASING/LINER:

Diameter (nominal) From (ft) To (ft) Gauge/Schedule Material

6 +258 250 STEEL

Casing Liner Threaded Welded

☒ ☐ ☐ ☒☐ ☐ ☐ ☐☐ ☐ ☐ ☐☐ ☐ ☐ ☐Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method N/AManufactured screen ☒ Y ☐ N Type STAINLESS TELESCOPEMethod of installation HAMMER BACK

From (ft) To (ft) Slot size Number/ft Diameter (nominal) Material Gauge or Schedule

58 63 16 304 5" SS N/A☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐Length of Headpipe N/A Length of Tailpipe N/APacker ☒ Y ☐ N Type 8" LONG K-PACKER

10. FILTER PACK:

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

N/A N/A N/A N/A☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐ ☐

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 29 Static water level (ft) 29Water temp. (°F) COLD Bottom hole temp. (°F) _____Describe access port WELL CAP

Well test:

Drawdown (feet) Discharge or yield (gpm) Test duration (minutes)

26 6 60Pump ☐ Bailer ☒ Air ☐ Flowing artesian ☐Water quality test or comments: GOOD

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 N

10 0 1 SAND/TOP SOIL ☐ ☒10 1 6 BOULDERS ☐ ☒10 6 16 GRAVEL / SAND ☐ ☒10 16 30 CLAY (BLUE) ☒ ☐6 30 41 SAND / GRAVEL ☒ ☐6 41 43 SILT / CLAY (BLUE) ☒ ☐6 43 45 BOULDER ☒ ☐6 45 59 SAND / CLAY ☒ ☐6 59 63 SAND / GRAVEL ☒ ☐6 63 - GRANITE (BLACK) HARD ☐ ☒☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐☐ ☐ ☐ ☐ ☐ ☐

RECEIVED

OCT 02 2009

IDWR / NORTH

Completed Depth (Measurable): 63'Date Started: 9-9-09 Date Completed: 9-15-09

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 HUGHES WATER WELLS Co. No. 604*Principal Driller David Hughes Date 10-1-09*Driller David Hughes Date 10-1-09

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

59N 04W 03

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT



WELL DRILLER'S REPORT MAR 04 1994

State law requires that this report be filed with the Director, Department of Natural Resources, within 30 days after the completion or abandonment of the well.

[illegible]

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. **WELL TAG NO. D** 0051863
DRILLING PERMIT NO. 746980
Water Right or Injection Well No. _____



2. **OWNER:**
Name D. Bruce French
Address P.O. Box 297
City Coolin **State** ID **Zip** 83824

3. **LOCATION OF WELL by legal description:**
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 59 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 10 1/4 SW 1/4 NW 1/4
 Gov't Lot _____ County Banner
 Lat: _____ Long: _____
 Address of Well Site Langley's Addition
 City Coolin
 (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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>6</u>	<u>Tempcasing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 84
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. **CASING/LINER:**

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>84</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ Y ☐ N Type K Packer

9. **PERFORATIONS/SCREENS PACKER TYPE**

Perforation Method _____
 Screen Type & Method of Installation Telescoping Pull Back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>84</u>	<u>94</u>	<u>6</u>		<u>6</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. **FILTER PACK**

Filter Material	From	To	Weight / Volume	Placement Method

11. **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**
74 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 75 ft. Describe access port or control devices: _____

12. **WELL TESTS:**

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>	<u>5</u>	<u>79</u>	<u>1</u>

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: Cold
 Depth first Water Encounter 75

13. **LITHOLOGIC LOG: (Describe repairs or abandonment)**

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>Sand</u>			<input checked="" type="checkbox"/>
<u>6</u>	<u>18</u>	<u>50</u>	<u>Fine Sand</u>			<input checked="" type="checkbox"/>
<u>6</u>	<u>50</u>	<u>75</u>	<u>Gravel</u>			<input checked="" type="checkbox"/>
<u>6</u>	<u>75</u>	<u>94</u>	<u>Grac Sand</u>			<input checked="" type="checkbox"/>

RECEIVED
JUN 11 2007
IDWR/North

RECEIVED
JUN 20 2007
IDWR/North

Completed Depth 94 (Measurable)
 Date: Started 5-31-07 Completed 6-5-07

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 Carl P. Hys + Sons Firm No. 168
 Principal Driller Steve Pith Date 6/7/07
 and
 Driller or Operator II Joe Ockert Date 6-7-07
 Operator I _____ Date _____
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II. ☒

59N 4W 10

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. **WELL TAG NO. D** 0056512
DRILLING PERMIT NO. 854147
Water Right or Injection Well No. _____

2. **OWNER:** Randy Groves
Name _____
Address W. 2305 Courtland Ave
City Spokane **State** WA **Zip** 99

3. **LOCATION OF WELL by legal description:**

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59N North ☒ or South ☐
Rge. 04W East ☐ or West ☒
Sec. 10 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County Bonner

Lat: _____ **Long:** _____
Address of Well Site Scranton Road

(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	300lbs	Temp Casing

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

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. **CASING/LINER:**

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	115	20	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. **PERFORATIONS/SCREENS PACKER TYPE**

Perforation Method Factory Steel
Screen Type & Method of Installation Alloy

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
115	120	20	304	6'	SS	<input type="checkbox"/>	<input type="checkbox"/>

10. **FILTER PACK**

Filter Material	From	To	Weight / Volume	Placement Method
-----------------	------	----	-----------------	------------------

11. **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

100 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. **WELL TESTS:**

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10+	5'	105'	1hr

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 100'

13. **LITHOLOGIC LOG: (Describe repairs or abandonment)**

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8	0	20	Smel			
10	20	40	52nd			
10	40	100	Smel			
10	100	120	Smel			

RECEIVED

JAN 16 2009

IDWR / NORTH

Completed Depth 120' (Measurable)

Date: Started 12-15-08 Completed 1/5/09

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 Carl P. Hs + Sons Firm No. 168

Principal Driller Steve Pitts Date _____

Driller or Operator II John Pils Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

59N 04W 10

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0088461

Drilling Permit No. 901605
Water right or injection well # _____

2. OWNER: Jeramie Keeble

Name _____
Address 8809 N Sundance Ln.
City Spokane State WA Zip 99208

3. WELL LOCATION:

Twp. 59N North ☒ or South ☐ Rge. 04W East ☐ or West ☒
Sec. 10 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County Bonner
Lat. 48 ° 29 . 058 (Deg. and Decimal minutes)
Long. 116 ° 50 . 678 (Deg. and Decimal minutes)
Address of Well Site Sheerwood Rd & Paul Jones Beach

City Coolin
(Give at least name of road or distance to road or landmark)
Lot. 4 Blk. 3 Sub. Name Duncans 1st. Add.

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
Bentonite	0	38	850 lbs	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	53	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 53'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____
Manufactured screen ☒ Y ☐ N Type Alloy
Method of installation Telescoping

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
53	58	16	5'	5"	S.S.	

Length of Headpipe 5' Length of Tailpipe _____
Packer ☒ Y ☐ N Type K-Packer

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) 22' Static water level (ft) 10'
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port Welded Steel Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	25	60

Test method:

Pump	Bailer	Air	Flowing artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	N
10	0	8	Sand & Gravel		X
10	8	22	Sand With Clay		X
10	22	38	Sand	X	
8	38	60	Sand	X	

RECEIVED

JUL 23 2021

IDWR/NORTH

Completed Depth (Measurable): 58'

Date Started: July 19, 2021 Date Completed: July 19, 2021

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 7-20-21
Driller [Signature] Date 7-20-21
Operator II _____ Date _____
Operator I [Signature] Date 7-20-21

* Signature of Principal Driller and rig operator are required.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only				
Well ID No.	360263			
Inspected by				
Twp	Rge	Sec		
1/4	1/4	1/4		
Lat:	:	Long:	:	:

1. WELL TAG NO. D 0022955
DRILLING PERMIT NO. 789239
Water Right or Injection Well No. _____

2. OWNER:
Name Scott Kine
Address 3010 W. ALISON
City SPOKANE State WA Zip 99208

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10 1/4 NW 1/4 NW 1/4
Gov't Lot _____ County Bonner
Lat: : : Long: : :
Address of Well Site _____

(Give at least name of road + Distance to Road or Landmark)
City Coelin
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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	8	TemPcasing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 65
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 + 1	65	250	Steel		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type K Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation Johnson - Pull Back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
65	70	25		6	SS	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

55 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 55 ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10	5	60'	1 Hour

Water Temp. Cold Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	15	Sand + Boulders		<input checked="" type="checkbox"/>
6	18	55	Sand "med"		<input checked="" type="checkbox"/>
5	55	70	Sand "cors"		<input checked="" type="checkbox"/>

RECEIVED

FEB 18 2003

IDWR North

Completed Depth 70 Feet (Measurable)
Date: Started 11-22-02 Completed 11-23-02

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 Cecil Pitts & Sons Firm No. 168

Principal Driller Joe Edwart and Stuart Pitts

Driller or Operator II Joe Edwart Date _____

Operator I _____ Date 11-23-02

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

59N 4W 10

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : : :

1. WELL TAG NO. D 0044842
DRILLING PERMIT NO. 840150
Water Right or Injection Well No. NO17645

2. OWNER:

Name Merle Langley
Address PO Box 188
City COOLIN State FD Zip 83821

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10 1/4 SW 1/4 NW 1/4
Gov't Lot _____ County BONNER
Lat: : : Long: : : :
Address of Well Site MISSOURI ST
City COOLIN

(Give at least name of road + Distance to Road or Landmark)
Lt. MA Blk. MA Sub. Name MA

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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>58</u>	<u>19</u>	<u>Templ casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 104

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	104	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation COOLIN Pull Back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>104</u>	<u>114</u>	<u>8</u>		<u>6</u>	<u>SS.</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

80 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 80 ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10+</u>	<u>4'</u>	<u>84</u>	<u>1</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: COOLIN

Depth first Water Encounter 80

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	<u>80</u>	<u>25</u>	<u>Sand-Belders</u>		<input checked="" type="checkbox"/>
	<u>825</u>	<u>58</u>	<u>Sand</u>		<input checked="" type="checkbox"/>
	<u>658</u>	<u>80</u>	<u>Fine Sand</u>		<input checked="" type="checkbox"/>
	<u>680</u>	<u>110</u>	<u>Fine Sand -</u>		<input checked="" type="checkbox"/>
	<u>6110</u>	<u>111</u>	<u>coarse Sand</u>		<input checked="" type="checkbox"/>
	<u>6111</u>	<u>114</u>	<u>Fine Sand</u>		<input checked="" type="checkbox"/>

RECEIVED
OCT 06 2006
IDWR/North

SCANNED
OCT 17 2006

RECEIVED
JUL 21 2006
IDWR/North

Completed Depth 114 (Measurable)

Date: Started 7-13-06 Completed 7-18-06

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 Carol Pitts & Son Firm No. 168

Principal Driller Steve Pitts Date 7-18-06

Driller or Operator II Joe Covert Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0051861
 DRILLING PERMIT NO. 846782
 Water Right or Injection Well No. _____



2. OWNER:
 Name Andre + Kathleen Lasalle
 Address 6420 S. Helena
 City Spokane State WA Zip 99223

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 10 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County Bonner
 Lat: _____ Long: _____
 Address of Well Site 260 Sherwood Road
 City COOLIN

(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>5</u>	<u>Tempering</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 62

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>62</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ Y ☐ N Type K Packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Telescoping Pull Back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>62</u>	<u>67</u>	<u>20</u>		<u>6</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 40 ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>	<u>2</u>	<u>42</u>	<u>1</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: COKE

Depth first Water Encounter 40

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>Boulders</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>18</u>	<u>40</u>	<u>Gravel</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>40</u>	<u>62</u>	<u>Sand "med"</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>62</u>	<u>67</u>	<u>Sand "med-cors"</u>		

RECEIVED
JUN 11 2007
IDWR/North

RECEIVED
JUL 20 2007
IDWR/North

Completed Depth 67 (Measurable)
 Date: Started 5-21-07 Completed 5-31-07

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 Carl P. Hs + Sons Firm No. 168
 Principal Driller Steve Potts Date 6/5/07
 and Driller or Operator II Joe Ockert Date 6/5/07
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

59N 4W 10

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. **WELL TAG NO. D** 0033605
DRILLING PERMIT NO. 813633
Water Right or Injection Well No. _____



2. **OWNER:**
Name NAT Louik
Address Coolin RD
City Coolin State ID Zip 83821

3. **LOCATION OF WELL by legal description:**

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County Bonner
Lat: _____ Long: _____
Address of Well Site Behind coolin corners
City Coolin
(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>200 lbs</u>	<u>Temp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 96"
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. **CASING/LINER:**

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>96</u>	<u>20</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type K

9. **PERFORATIONS/SCREENS PACKER TYPE**

Perforation Method Factory
Screen Type & Method of Installation cock - pull back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>96</u>	<u>101</u>	<u>6"</u>		<u>6"</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. **FILTER PACK**

Filter Material	From	To	Weight / Volume	Placement Method

11. **STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

65 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. **WELL TESTS:**

<input type="checkbox"/> Pump	<input checked="" type="checkbox"/> Bailor	<input type="checkbox"/> Air	<input type="checkbox"/> Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>5</u>	<u>30"</u>	<u>95"</u>	<u>1hr</u>

Water Temp. 60.15 Bottom hole temp. _____

Water Quality test or comments: _____

13. **LITHOLOGIC LOG: (Describe repairs or abandonment)**

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>18</u>	<u>TOP Soil, Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>18</u>	<u>40</u>	<u>Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>40</u>	<u>70</u>	<u>Sand + Silt</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>70</u>	<u>96</u>	<u>Silt, Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>96</u>	<u>101</u>	<u>Fine Sand</u>		<input checked="" type="checkbox"/>

RECEIVED

MAR 21 2004

IDWR North

Completed Depth 101 (Measurable)
Date: Started 4-22-04 Completed 4-28-04

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 Carl Pitts & Sons Firm No. 168
Principal Driller Steve Pitts Date 4-30-04
Driller or Operator II _____ Date _____
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Location Corrected by IDWR To:
T48N R04W Sec. 28 SENENE
By: mciscell 2013-09-10

1. WELL TAG NO. D 0040659
DRILLING PERMIT NO. 235384
Water Right or Injection Well No. _____

2. OWNER:
Name NAT LONK
Address P.O. Box 342
City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 29 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10 1/4 SE 1/4 28 1/4
Gov't Lot _____ County IDAHO
Lat: _____ Long: _____
Address of Well Site Bozeman City Coeur d'Alene
(Give at least one 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 Material	From	To	Weight/Volume	Seal Placement Method
<u>Barite</u>	<u>0</u>	<u>18</u>	<u>300 lbs</u>	<u>Temp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 15'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>95</u>	<u>30</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method SR
Screen Type & Method of Installation Cable - pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>95</u>	<u>100</u>	<u>6</u>	<u>30</u>	<u>6</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight/Volume	Placement Method

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

12. WELL TESTS:
☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian
Yield gal./min. 5 Drawdown 10 Pumping Level 60 Time 1 hr
Water Temp. 60 Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8</u>	<u>0</u>	<u>20</u>	<u>Sand</u>			
<u>6</u>	<u>20</u>	<u>55</u>	<u>Sand</u>			
<u>6</u>	<u>55</u>	<u>100</u>	<u>Sand</u>			

Completed Depth 100' (Measurable)
Date: Started 8-17-05 Completed 8-21-05

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 McCell & Sons Firm No. 168
Principal Driller McCell Date 8-21-05
Driller or Operator II _____ Date _____
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0044804
 DRILLING PERMIT NO. 839806
 Water Right or Injection Well No. _____

2. OWNER:
 Name Mr Louick
 Address P.O. Box 392
 City Coolin State ID Zip 83821

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 59 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 10 1/4 56 1/4 NW 1/4
 Gov't Lot _____ County Bonner
 Lat: _____ Long: _____
 Address of Well Site Scranton Rd. City Coolin
 (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 Material	From	To	Weight/Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>300lbs</u>	<u>Tempering</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 95
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>95</u>	<u>20</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Factory Screen
 Screen Type & Method of Installation Alloy - pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>95</u>	<u>100</u>	<u>6</u>	<u>304</u>	<u>6"</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

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

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>	<u>10'</u>	<u>90'</u>	<u>1hr</u>

Water Temp. Cold Bottom hole temp. _____
 Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 80'

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>Sand, gravel</u>		
<u>6</u>	<u>18</u>	<u>30</u>	<u>Sand</u>		
	<u>30</u>	<u>70</u>	<u>Sand</u>		
	<u>70</u>	<u>90</u>	<u>Fine Sand 80' 1720</u>		
	<u>90</u>	<u>100</u>	<u>Fine Sand</u>		

RECEIVED
 JUL 07 2006
 IDWR/North

Completed Depth 100' (Measurable)
 Date: Started 5-18-04 Completed 5-20-06

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 Cox/Prosser Inc Firm No. 168
 Principal Driller Steve Kelly Date 4/1/06
 and Driller or Operator II John E. Kelly Date _____
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

59N 4W 10

Use Typewriter
or
Ball Point Pen

FORWARD WHITE COPY TO WATER RESOURCES

* Signature of Principal Driller and rig operator are required.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	:	Long:
:	:	:	:

1. WELL TAG NO. D D0055575
DRILLING PERMIT NO. 852890
Water Right or Injection Well No. _____

2. OWNER: Clair Mason
Name _____
Address 6302 Waldrick Rd SE
City TENINO State WA Zip 98589

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10 1/4 SE 1/4 NW 1/4
Gov't Lot _____
County Bonner
Lat: _____ Long: _____
Address of Well Site Missouri St
City Coolin

(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	250 lbs	TEMP Casing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 25'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4 1/2	95	200	20	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Probing

Screen Type & Method of Installation Alloy Dull back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
95	100	6	204	5 1/2	SS	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

20 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10+	10'	80'	1hr

Water Temp. 60.7 Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 80

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	20	Send Ground		<input checked="" type="checkbox"/>
4	20	80	Send		<input checked="" type="checkbox"/>
6	80	100	FINE SAND		<input checked="" type="checkbox"/>

RECEIVED
SEP 26 2008
IDWR/North

Completed Depth 100' (Measurable)

Date: Started 8-19-08 Completed 8-19-08

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 Carl Pitts & Sons Drilling Firm No. 168

Principal Driller Steve P. Date 8-19-08

and _____
Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

59N 04W 10

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 46045
DRILLING PERMIT NO. 841674
Water Right or Injection Well No. _____



2. OWNER:
Name JEFF MEAGHER
Address 5220 S. IVORY
City SPOKANE State WA Zip 99223

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 10 1/4 SW 1/4 NW 1/4
Gov't Lot _____ County BONNER

Lat: : : Long: : :
Address of Well Site 4TH RD ON CLINTON
TURN RIGHT City COOLIN
(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 Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	18	400/LBS	TEMP CASING

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 103

Was drive shoe seal tested? ☐ Y ☒ N How? N/A

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" + 1		108	250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe N/A Length of Tailpipe N/A

Packer ☒ Y ☐ N Type 8" K-PACKER

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method N/A
Screen Type & Method of Installation STAINLESS TELESCOPE

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
103	108	10	304	5"	SS	<input checked="" type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

70 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

WELL CAP

59N 4W 10 SW NE

12. WELL TESTS:

☐ Pump ☐ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10			1 HR

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: GOOD / CLEAN

Depth first Water Encounter 70

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	1	TOP SOIL		<input checked="" type="checkbox"/>
8	1	18	SAND / GRAVEL		<input checked="" type="checkbox"/>
6	18	70	SAND / GRAVEL		<input checked="" type="checkbox"/>
6	70	108	SAND (BROWN)	<input checked="" type="checkbox"/>	

RECEIVED
DEC - 4 2006
IDWR/North

Completed Depth 108' (Measurable)

Date: Started 8-23-06 Completed 8-23-06

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 HUGHES WATER WELLS Firm No. 604

Principal Driller Dave / [Signature] Date 10-23-06

Driller or Operator II _____ Date _____

Operator I [Signature] Date 10-23-06

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

51

Corrected Rpt.

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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only
Inspected by Assessor
Twp 59N Rge 4W Sec 3
1/4 SW 1/4 SE 1/4
Lat: : : Long: : :

1. WELL TAG NO. D0017135
Drilling Permit No:
Other IDWR No. 768893 IDWR/North

2. OWNER
Name Colleen Mehrens Well Number: 219
Address 17920 N Meadowbrook
City Colbert State WA Zip 99005

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

N
X
S
Twp. 59 ☒ North or ☐ South
Rge. 04 ☐ East or ☒ West
Sec. 10 1/4 SW 1/4 NW 1/4
Gov't Lot _____ County BONNER
Lat: : : Long: : :
Address of Well Site Priest Lake Blk 1

Lot 1&2 Sherwood Terrace City Coolin
(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 _____

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	6 sacks	overbore

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

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	18	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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:
_____ 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
0

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	N
8	0	3	Fill	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	3	18	Decomposed granite	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	18	42	Decomposed granite	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	42	91	Granite brownish white	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	91	211	Granite grayish white	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	211	281	Granite white w/black	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	281	346	Granite grayish white	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	346	404	Granite white w/black	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Completed Depth 404.61 (Measurable)
Date: Started 5/10/04 Completed 5/11/01

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 W20 WellService Inc. Firm No. 448
Firm Official [Signature] Date 5-11-01
and
Supervisor or Operator [Signature] Date 5-11-01
(Sign Once if Firm Official and Operator)
Todd Morgan

59N 4W 30

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT
RECEIVED

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D 0028359
DRILLING PERMIT NO. 801541
Water Right or Injection Well No. _____

AUG 21 2003

2. OWNER: Bill Milford IDWR/North
Name _____
Address 228 Sherwood Beach Loop
City Coolin State ID Zip 83821

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 3 1/4 SW 1/4 SE 1/4
Gov't Lot _____ County Bonner
Lat: _____ Long: _____

Address of Well Site same City Coolin

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____ (Replacement etc.)

6. DRILL METHOD:

☐ Air Rotary ☒ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>250 lbs</u>	<u>Tenp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 41
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>61</u>	<u>20</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Telescoping Johnson

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>61</u>	<u>65</u>	<u>15</u>	<u>30A</u>	<u>6</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

45 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>8+</u>	<u>10'</u>	<u>55'</u>	<u>1 hr</u>

Water Temp. 20.17

Bottom hole temp. _____

Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
<u>8</u>	<u>0</u>	<u>18</u>	<u>Sand</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>6</u>	<u>18</u>	<u>30</u>	<u>Sand</u>	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N
<u>6</u>	<u>30</u>	<u>66</u>	<u>Sand mud.</u>	<input checked="" type="checkbox"/> Y <input type="checkbox"/> N

Completed Depth 66' (Measurable)

Date: Started 5-13-03 Completed 5-15-03

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 Carl Hoggins Firm No. 168

Principal Driller Stump Date 5/30/03

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

59N 4W 3

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Tom P Moor
Address Boonville Idaho
Owner's Permit No. 97-90-N-29

7. WATER LEVEL

Static water level 53 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☒ Bailor ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>20</u>	<u>65</u>	<u>2</u>

3. PROPOSED USE

- ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

- ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☒ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>1/4"</u> inches	<u>6</u> inches	<u>1</u> feet	<u>68</u> feet

Was casing drive shoe used? ☒ Yes ☐ No

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number	From	To

Well screen installed? ☒ Yes ☐ No

Manufacturer's name Johnson

Type Telescope Model No. _____

Diameter 6 Slot size 30 Set from 68 feet to 73 feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Pudding clay ☐ _____

Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing

☐ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

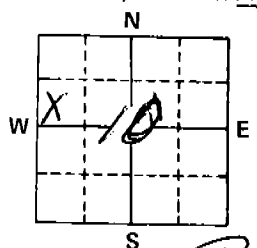
Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. 10

County Bonner

SW 1/4 NW 1/4 Sec. 10, T. 59 N, R. 4 E

10.

Work started Aug 3-90 finished Aug 7-90

11. DRILLERS CERTIFICATION

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

Firm Name Carl Potts & Sons Firm No. 168

Address Rt 2 O'Hara Idaho 8-13-90

Signed by (Firm Official) Carl Potts

and
(Operator) Joe Potts

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

<p>1. WELL OWNER</p> <p>Name <u>STANLEY W. MORRIS</u></p> <p>Address <u>P.O. Box 128 Coolin, ID.</u></p> <p>Drilling Permit No. <u>97-92-N-42</u></p> <p>Water Right Permit No. _____</p>	<p>7. WATER LEVEL</p> <p>Static water level <u>34</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality _____</p> <p style="font-size: small;">Describe artesian or temperature zones below.</p>																																																																
<p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Well diameter increase <input type="checkbox"/> Modification</p> <p><input type="checkbox"/> Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)</p>	<p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailor <input type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">40</td> <td style="text-align: center;">34</td> <td style="text-align: center;">1</td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	40	34	1																																																										
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40	34	1																																																															
<p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Monitor</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>	<p>9. LITHOLOGIC LOG</p> <p style="text-align: right; font-weight: bold;">081987</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>0</td> <td>46</td> <td>SAND GRAVEL CLAY</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>46</td> <td>55</td> <td>GREY CLAY FINE SAND</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>55</td> <td>64</td> <td>FINE SAND</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>64</td> <td>69</td> <td>MEDIUM SAND</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>69</td> <td>119</td> <td>FINE SAND</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>119</td> <td>125</td> <td>MED. SAND</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>125</td> <td>126</td> <td>GREY CLAY</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>126</td> <td>134</td> <td>MED. SAND</td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td>134</td> <td>139</td> <td>MED-FINE SAND</td> <td> </td> <td> </td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	46	SAND GRAVEL CLAY				46	55	GREY CLAY FINE SAND				55	64	FINE SAND				64	69	MEDIUM SAND				69	119	FINE SAND				119	125	MED. SAND				125	126	GREY CLAY				126	134	MED. SAND				134	139	MED-FINE SAND		
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	134	139	MED-FINE SAND																																																														
<p>4. METHOD DRILLED</p> <p><input type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Auger <input type="checkbox"/> Reverse rotary</p> <p><input checked="" type="checkbox"/> Cable <input type="checkbox"/> Mud <input type="checkbox"/> Other _____</p> <p style="font-size: small;">(backhoe, hydraulic, etc.)</p>	<div style="border: 2px solid black; padding: 10px; margin: 10px; text-align: center;"> <p>RECEIVED</p> <p>SEP 29 1992</p> <p>NORTHERN REGION</p> <p>IDW</p> </div> <div style="border: 2px solid black; padding: 10px; margin: 10px; text-align: center;"> <p>RECEIVED</p> <p>OCT 23 1992</p> <p>Department of Water Resources</p> </div> <div style="border: 2px solid black; padding: 10px; margin: 10px; text-align: center;"> <p>RECEIVED</p> <p>DEC 04 1992</p> </div>																																																																
<p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table style="width: 100%; font-size: small;"> <tr> <td>Thickness</td> <td>Diameter</td> <td>From</td> <td>To</td> </tr> <tr> <td>250 inches</td> <td>8 inches</td> <td>+ 5 feet</td> <td>129 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun</p> <p>Size of perforation? _____ inches by _____ inches</p> <table style="width: 100%; font-size: small;"> <tr> <td>Number</td> <td>From</td> <td>To</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> <p>Well screen installed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Manufacturer <u>JOHNSON</u> Type <u>STAINLESS</u></p> <p>Top Packer or Headpipe <u>PACKER & 18" HEADPIPE</u></p> <p>Bottom of Tailpipe _____</p> <p>Diameter <u>7 1/2</u> Slot size <u>25</u> Set from <u>129</u> feet to <u>134</u> feet</p> <p>Diameter <u>7 1/2</u> Slot size <u>12</u> Set from <u>134</u> feet to <u>139</u> feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout</p> <p><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit</p> <p><input checked="" type="checkbox"/> Temp. surface casing <input type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded</p> <p><input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata</p> <p>Describe access port <u>PILLESS CAP</u></p>	Thickness	Diameter	From	To	250 inches	8 inches	+ 5 feet	129 feet									Number	From	To										<p>10.</p> <p>Work started <u>9/9/92</u> finished <u>9/24/92</u></p>																																				
Thickness	Diameter	From	To																																																														
250 inches	8 inches	+ 5 feet	129 feet																																																														
Number	From	To																																																															
<p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written location.</p> <div style="text-align: center;"> </div> <p>Subdivision Name <u>COOLIN</u></p> <p><u>MT. ADDITION</u></p> <p>Lot No. <u>12 13 14 15 16</u> Block No. <u>5</u></p> <p>County <u>BONNER</u></p> <p>Address of Well Site <u>COOLIN RD. S. OF LENARD POOL</u></p> <p style="font-size: small;">(give at least name of road)</p> <p>T. <u>59</u> N <input checked="" type="checkbox"/> or S <input type="checkbox"/></p> <p>R. <u>4</u> E <input type="checkbox"/> or W <input checked="" type="checkbox"/></p>	<p>11. DRILLER'S CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>WOODWELL DRILLING</u> Firm No. <u>389</u></p> <p><u>N. 21303 NEWPORT HWY</u></p> <p>Address <u>COLBERT, WA.</u> Date <u>9/15/92</u></p> <p>Signed by Drilling Supervisor <u>[Signature]</u></p> <p style="text-align: center;">and</p> <p>(Operator) _____</p> <p style="text-align: center;">(If different than the Drilling Supervisor)</p>																																																																

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp. _____	Rge. _____	Sec. _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____	Long: _____		

1. WELL TAG NO. D 0040910
 DRILLING PERMIT NO. 36641
 Water Right or Injection Well No. _____

2. OWNER:
 Name Monte Wesbitt
 Address E 174th Fourth Ave
 City Spokane Valley State WA Zip 99016

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 59 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 10 1/4 SW 1/4 NE 1/4
 Gov't Lot _____ County Bonnee
 Lat: _____ Long: _____
 Address of Well Site Behind Berlin Carwash City Certina
 (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 Material	From	To	Weight/Volume	Seal Placement Method
<u>Bentite</u>	<u>0</u>	<u>18</u>	<u>250lbs</u>	<u>Temp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 115'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6 + 1</u>	<u>115</u>	<u>230</u>	<u>20</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Inc Screen

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>115</u>	<u>120</u>	<u>10</u>	<u>304</u>	<u>6"</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

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

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10</u>	<u>5</u>	<u>105</u>	<u>1 hr</u>

Water Temp. COLD Bottom hole temp. _____
 Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>sand cobbles, Boulders</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>18</u>	<u>40</u>	<u>sand, clay</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>40</u>	<u>83</u>	<u>fine sand</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>83</u>	<u>100</u>	<u>med. sand</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>100</u>	<u>120</u>	<u>med. fine sand</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECEIVED
 AUG 04 2006
 IDWR/North

RECEIVED
 JUN 20 2006
 IDWR/North

RECEIVED
 MAY 25 2006
 IDWR/North

Completed Depth 120' (Measurable)
 Date: Started 10-11-05 Completed 11-10-05

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 Chas Pittman Sons Firm No. 1108
 Principal Driller Steve Pittman Date 11-10-05
 and Driller or Operator II Joe Ockert Date 11-10-05
 Operator I _____ Date _____

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

59N 4W 10

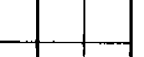
1. DRILLING PERMIT NO. 97-95 - N-0012 -
Other IDWR No. _____

2. OWNER:

Name Mike A. and Aninna K. Nielsen
Address P.O.Box 73297
City Fairbanks State AK Zip 99707

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 59 North ☒ or South ☐
 Rge. 04 East ☐ or West ☒
 Sec. 03 1/4 NW 1/4 SE 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____ County Bonner
 Address of Well Site East Shore Rd.
City Coolin
 (Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name **Sherwood Forest**

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	19	5 sks	Overbore

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

Was drive shoe seal tested? Y ☐ N ☒ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	19	250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4"	-10	800	160	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
680	780	1/8	300	4"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

35 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 760 ft. Describe access port or
control devices:

NW SE 3 59N 4W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1 gal.		800'	1 hr.

Water Temp. 50 Bottom hole temp. _____

Water Quality test or comments: clear

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 Intermountain Drilling Firm No. 513

Firm Official Glen Frachis Date 3/28/95

and

Supervisor or Operator same Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : : :

1. WELL TAG NO. D 0046005
DRILLING PERMIT NO. 841454
Water Right or Injection Well No. _____

2. OWNER:
Name Mike Nielsen
Address P.O. Box 78
City Coonlin State ID Zip 83821

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 3 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County Bonner 10 acres 40 acres 160 acres
Lat: : : Long: : :
Address of Well Site 895 Lumbago Road
City Coonlin
(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>9</u>	<u>Temp casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 55
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>55</u>	<u>250</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Factory Screen
Screen Type & Method of Installation Cook - Pull Back

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>55</u>	<u>60</u>	<u>15</u>		<u>6</u>	<u>SS</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

45 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 53 ft. Describe access port or control devices: _____

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
<u>6</u>	<u>10</u>	<u>55'</u>	<u>2</u>

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: Cold

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>Sand</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>18</u>	<u>40</u>	<u>clay</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>40</u>	<u>48</u>	<u>clay fine sand</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>48</u>	<u>53</u>	<u>fine sand</u>		
<u>6</u>	<u>53</u>	<u>60</u>	<u>"med" sand</u>		<input checked="" type="checkbox"/>

RECEIVED
DEC 15 2006
IDWR/North

Completed Depth 60 (Measurable)
Date: Started 8/15/06 Completed 8/30/06

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 Coonlin Pits & Sons Firm No. 1168
Principal Driller Steve Pitt Date 9/10/06
and Joe Ockert Date 9/10/06
Driller or Operator II
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

(Sign once if Firm Official & Operator)

DEC 28 1999

11/97

IDWR/North

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT 77232

1. WELL TAG NO. D 0010775
 DRILLING PERMIT NO. 97-99-N-52
 Other IDWR No. _____

2. OWNER:
 Name Mary Ellen Payer
 Address 90 Sherwood Beach Ln
 City Coalin State Id Zip 83821

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

W N E

Twp. 59 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 3 1/4 SW 1/4 SE 1/4
 Gov't Lot _____ 10 acres _____ 40 acres _____ 160 acres
 Lat: _____ Long: _____
 Address of Well Site Sherwood Beach
 City Coalin
Addition
 (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	or Pounds	
<u>Bentonite</u> <u>0</u> <u>18</u>	<u>5</u>	<u>Temp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 60'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>71</u>	<u>100</u>	<u>20</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method Johnson

Screens

Screen Type Telescoping

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>60"</u>	<u>66"</u>	<u>15</u>		<u>6"</u>	<u>S.S.</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

30' ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

Office Use Only
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 1/4 _____ 1/4 _____ 1/4 _____
 Lat: _____ Long: _____
☐ Air ☐ Flowing Artesian

11. WELL TESTS:

☐ Pump ☒ Bailor

Yield gal./min.	Drawdown	Pumping Level	Time
<u>6</u>	<u>9'</u>	<u>59'</u>	<u>1hr</u>

Water Temp. Cold Bottom hole temp. _____
 Water Quality test or comments: Good

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8"</u>	<u>0</u>	<u>18</u>	<u>Top Soil, Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>18</u>	<u>25</u>	<u>Sand</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>25</u>	<u>40</u>	<u>Sand Fine + med</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>40</u>	<u>50</u>	<u>Sand Fine + med</u>		<input checked="" type="checkbox"/>
<u>6"</u>	<u>50</u>	<u>60</u>	<u>Sand Fine</u>	<input checked="" type="checkbox"/>	
<u>6"</u>	<u>60</u>	<u>100</u>	<u>Sand Fine + med</u>	<input checked="" type="checkbox"/>	

Completed Depth 60' (Measurable)
 Date: Started 11-23-99 Completed 11-24-99

13. DRILLER'S CERTIFICATION

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

Company Name Carl Payer Sons Drilling Firm No. 168

Firm Official Carl Payer Date 11-28-99

and Driller or Operator Steve Payer Date 11-28-99

(Sign once if Firm Official & Operator)

59N 4W 3

FORWARD WHITE COPY TO WATER RESOURCES

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name KENDALL J. RAWLINSON
Address GEN. DEL. COOLIN, ID.
Drilling Permit No. 97-94-N-51
Water Right Permit No. _____

7. WATER LEVEL

Static water level 10 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
- ☐
- Modification
-
- ☐
- Abandoned (describe abandonment or modification procedures
-
- such as liners, screen, materials, plug depths, etc. in lithologic
-
- log, section 9.)

8. WELL TEST DATA

☐ Pump ☒ Bailor ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>10</u>	<u>30</u>	<u>2</u>

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Monitor
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

4. METHOD DRILLED

- ☐
- Rotary
- ☐
- Air
- ☐
- Auger
- ☐
- Reverse rotary
-
- ☒
- Cable
- ☐
- Mud
- ☐
- Other _____
-
- (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>1.250</u> inches	<u>6</u> inches	<u>+ 1.5</u> feet	<u>8.3</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit
☒ Temp. surface casing ☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☐ Solvent Weld ☐ Cemented between strataDescribe access port PITLESS CAP

6. LOCATION OF WELL

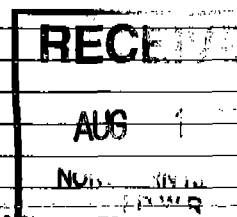
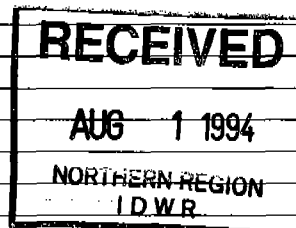
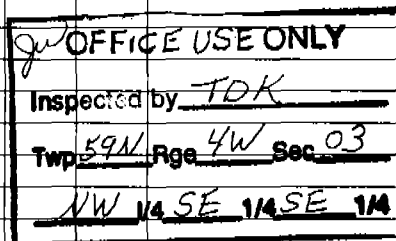
Sketch map location must agree with written location.

Subdivision Name _____
Lot No. _____ Block No. _____
County BONNER
Address of Well Site EAST SHORE RD. 2M. N.E. COOLIN
(give at least name of road)

NW 1/4 SE 1/4 SE 1/4 Sec. 3 T. 59 N ☒ or S ☐
R. 4 E ☐ or W ☒

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	3	BROWN CLAY		<input checked="" type="checkbox"/>
8	3	17	SAND + CLAY		<input checked="" type="checkbox"/>
8 1/2	17	36	BROWN CLAY-GRAVEL	<input checked="" type="checkbox"/>	
	36	55	GRAY CLAY-SAND	<input checked="" type="checkbox"/>	
	55	58	GRAVEL + CLAY	<input checked="" type="checkbox"/>	
	58	66	CLAY		<input checked="" type="checkbox"/>
	66	72	SAND-CLAY	<input checked="" type="checkbox"/>	
	72	83	SAND-GRAVEL	<input checked="" type="checkbox"/>	



MICROFILMED

DEC 29 1998

10.

Work started 7/15/94 finished 7/20/94

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name WOOD WELL DRILLING Firm No. 389
N. 21303 NEWPORT HWY
Address COLBERT, W.M. Date 7/28/94Signed by Drilling Supervisor Phil Stord
and
(Operator) _____
(If different than the Drilling Supervisor)

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

Form 238-7
9/82

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

POSTED

USE TYPEWRITER OR
BALLPOINT PEN

DK
N
P

1. WELL OWNER

Name DENNIS L. RIEGEL
E. 8505 ROCKWELL
Address SPOKANE, WA. 99212
Owner's Permit No. 97-88-N-6 WA#97-4099

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☒ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness Diameter From To
.250 inches 6 inches + 1 feet 165 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches
Number From To
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☒ Yes ☐ No
Manufacturer's name JOHNSON
Type STAINLESS Model No. _____
Diameter 5/8 Slot size 10 Set from 165 feet to 170 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing
☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent
Weld
☐ Cemented between strata
Describe access port PITLESS CAP

6. LOCATION OF WELL

Sketch map location must agree with written location.
N
W E
S
County BANNER
SW ¼ NW ¼ Sec. 10, T. 59 N., R. 4 W.
Subdivision Name COOLIN
ORIGINAL
Lot No. 2 Block No. 6

7. WATER LEVEL

Static water level 68 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Air ☐ Other _____
Discharge G.P.M. Pumping Level Hours Pumped
10 130 2

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	0	1	TOP SOIL		<input checked="" type="checkbox"/>
	1	11	SAND-GRAVEL CLAY		<input checked="" type="checkbox"/>
	11	60	SAND CLAY		<input checked="" type="checkbox"/>
	60	69	CLAY		<input checked="" type="checkbox"/>
	69	115	FINE SAND CLAY	<input checked="" type="checkbox"/>	
	115	120	GREY CLAY	<input checked="" type="checkbox"/>	
	120	163	FINE SAND CLAY	<input checked="" type="checkbox"/>	
	163	170	SAND	<input checked="" type="checkbox"/>	

RECEIVED
MAY 27 1988
Department of Water Resources

RECEIVED
MAY 27 1988
Department of Water Resources

10.

Work started 4/6/88 finished 4/14/88

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.
WOOD WELL DRILLING
Firm Name _____ Firm No. 389
N. 21303 NEWPORT HWY
Address COLBERT, WA. 99005 Date 4/17/88
Signed by (Firm Official) Philip Wood
and
(Operator) _____

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

WELL DRILLER'S REPORT

RECEIVED

JAN 30 2004

IDWRB/Booth

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D

DRILLING PERMIT NO.

Water Right or Injection Well No.

2. OWNER:

Name

Address

City

State

Zip

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp.

North

or

South

Rge.

East

or

West

Sec.

1/4

SE

1/4

NW

1/4

Gov't Lot

County

BLONNIER

Lat:

Long:

Address of Well Site

525 SCRANTON

City COOLIN

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

Lt.

Blk.

Sub. Name

COOLIN 1ST

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 Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	18	300LB	TEMP CASE

Was drive shoe used?

☒ Y

☐ N

Shoe Depth(s)

114 FT

Was drive shoe seal tested?

☒ Y

☐ N

How?

WELDED

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 1/2"		114 1/4		STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe

1' 6"

Length of Tailpipe

114'

Packer

☒ Y

☐ N

Type

RUBBER

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method

NO PERFS

Screen Type & Method of Installation

STAINLESS TELESCOPE

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
112	114	BLANK		5"	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>
114	119	35		5"	STAINLESS SCREEN	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
NA				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

98 ft. below ground

Artesian pressure 0 lb.

Depth flow encountered

112 ft.

Describe access port or control devices:

WELL CAP

12. WELL TESTS:

☐ Pump

☒ Bailor

☐ Air

☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10	0	98	2 HOURS

Water Temp.

COLD

Bottom hole temp.

COLD

Water Quality test or comments:

CLEAR VERY FAST

Depth first Water Encounter

112

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8 0	6		BROWN SAND		X
8 6	18		SAND + GRAVEL		X
6 18	40		SAND + GRAVEL		X
6 40	85		BROWN SAND		X
6 85	112		SAND TAN CLAY		X
6 112	114		FINE SAND	X	
6 114	119		COARSE SAND	X	

Completed Depth

119 FT

(Measurable)

Date: Started

Dec 22 03

Completed

DEC 31 03

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

THE DRILLERMAN

Firm No.

627

Principal Driller

Chad R. Ben

Date

Dec 31 03

Driller or Operator II

Date

Operator I

Date

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D0088459
Drilling Permit No. 9008105

2. OWNER: Yomanone LLC
Name Michael & Karen Schmitz
Address 3559 S. Lincoln
City Spokane State WA Zip 99203

3. WELL LOCATION:
Twp. 59N North ☒ or South ☐ Rge. 04W East ☐ or West ☒
Sec. 10 NW 1/4 NW 1/4
Gov't Lot 1 County Bonner
Lat. 48 29.067 (Deg. and Decimal minutes)
Long. 116 50.731 (Deg. and Decimal minutes)
Address of Well Site Paul Jones Beach Rd City Coolin
(Give at least name of road + distance to road or landmark)
Lot. 4A Blk. 1 Sub. Name Duncans

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 ft ³)	Placement method/procedure
Bentonite	0	38	900 lbs	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	73	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 73'

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method
Manufactured screen ☒ Y ☐ N Type Alloy
Method of Installation Telescoping

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
73	78	18	5'	5"	S.S.	

Length of Headpipe 5' Length of Tailpipe
Packer ☒ Y ☐ N Type K-Packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	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) 49' Static water level (ft) +1
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port Welded Steel Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	25	60

Test method:

Pump	Ballor	Air	Flowing artesian
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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	N
10	0	1	Topsoil		X
10	1	5	Sand		X
10	5	38	Clay With Sand		X
8	38	49	Clay With Sand		X
8	49	65	Sand	X	
8	65	78	Sand & Gravel	X	

Completed Depth (Measurable): 78'
Date Started: July 13, 2021 Date Completed: July 14, 2021

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 Tom Schmitz Date 7-16-21
*Driller Date 7-16-21
*Operator II Date
Operator I Date 7-16-21
* Signature of Principal Driller and rig operator are required.

RECEIVED
JUL 21 2021
IDWR/NORTH

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name James A. Scott + Clarice Brown
Address Box 549 Pomeroy Wash. 99347
Owner's Permit No. 97-89-N-37

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

- ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

- ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☒ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness 2.50 inches Diameter 6 inches + 1 feet 125.6 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☒ Yes ☐ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☒ Yes ☐ No
Manufacturer's name Gannett
Type Stainless Model No. _____
Diameter 6 Slot size 3.5 Set from 125.6 feet to 130.6 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Pudding clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☒ Temp. surface casing
☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent
Weld
☐ Cemented between strata
Describe access port _____

7. WATER LEVEL

Static water level 86 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 49 °F. Quality good
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Air ☐ Other _____

Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____

9. LITHOLOGIC LOG

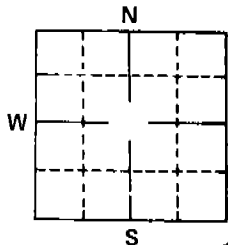
Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	1	Fill		<input checked="" type="checkbox"/>
8	1	23	sand-gravel-Bldgs.		<input checked="" type="checkbox"/>
6	23	57	Sand		<input checked="" type="checkbox"/>
57	131		Sand + gravel		<input checked="" type="checkbox"/>
<div>RECEIVED MAY 24 1990 Department of Water Resources</div> <div>RECEIVED MAY 14 1990 NORTHWEST REGION LEWIS</div>					

10.

Work started 5-8-90 finished 5-10-90

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Bonner

NE 1/4 SW 1/4 Sec. 3 T. 59 N. S. R. 4 E. 10

11. DRILLERS CERTIFICATION

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

Firm Name Drilling Firm No. 252

Address Box 312 Priest River Date 5-11-90

Signed by (Firm Official) Norman D. Kopper

and
(Operator) Same

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0028503

DRILLING PERMIT NO. 804234

Water Right or Injection Well No. _____

2. OWNER

Name Gary Smith
Address 700 Bridge St Clz
City Clarkston State WA Zip 99403

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 39 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 3 1/4 SW 1/4 SE 1/4
Gov't Lot _____ County Bonanza 160 acres

Lat: _____ Long: _____
Address of Well Site Shurwood Birch Loop
City COOLIN

(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>20</u>	<u>Tempersing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 78
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>12</u>	<u>H</u>	<u>75</u>	<u>20</u>	<u>Gal</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____
Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation Johnson Pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>75</u>	<u>80</u>	<u>20</u>		<u>6</u>	<u>5.5</u>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
_____ 1/4	_____ 1/4	_____ 1/4	
Lat: _____	_____	Long: _____	_____

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10+</u>	<u>5'</u>	<u>65</u>	<u>1 hr</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 60'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>18</u>	<u>Sand</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>18</u>	<u>40</u>	<u>Sand</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>40</u>	<u>60</u>	<u>Sandy clay lens</u>		<input checked="" type="checkbox"/>
<u>6</u>	<u>60</u>	<u>80</u>	<u>Sand clay lens</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

RECEIVED

OCT 23 2003

IDWR North

Completed Depth 78' (Measurable)

Date: Started 6/27/03 Completed 6/29/03

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 Paul Smith & Sons Firm No. 168

Principal Driller Steve Smith Date 6/29/03

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

59N 4W 3

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0046231
DRILLING PERMIT NO. 843173
Water Right or Injection Well No. _____

2. OWNER:
Name Kevin Storro
Address 1598 Cavanaugh Bay Road
City Coolin State ID Zip 83821

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 59 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 3 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County Bonner

Lat: : : Long: : :

Address of Well Site Same City COOLIN

(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>18</u>	<u>300lbs</u>	<u>Temp Casing</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 86'

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+1</u>	<u>86</u>	<u>20</u>	<u>Steel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Factory screen
Screen Type & Method of Installation Alloy - pullback

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>86</u>	<u>92</u>	<u>20</u>	<u>304</u>	<u>6"</u>	<u>S.S.</u>	<input type="checkbox"/>	<input type="checkbox"/>

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

70 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 85 ft. Describe access port or control devices: _____

59 N 4W 3 NE SE



Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

12. WELL TESTS:

☐ Pump ☒ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10+</u>	<u>3'</u>	<u>73'</u>	<u>1</u>

Water Temp. COLD Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 85

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>20</u>	<u>cobbles, gravel</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>20</u>	<u>60</u>	<u>fine sand</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>60</u>	<u>85</u>	<u>clay</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<u>6</u>	<u>85</u>	<u>92</u>	<u>"med" sand</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

RECEIVED
DEC 15 2006
IDWR/North

Completed Depth 92' (Measurable)

Date: Started 10/27/06 Completed 11/5/06

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 Craig Pyth + Sons Firm No. 168

Principal Driller Steve Pyth Date 11/15/06

and Driller or Operator II Joe Ockert Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT



Use Typewriter
RECEIVED
Ball Point Pen
AUG 24 1994
NORTHERN REGION
☐ Flowing ☒ Dwyer

1. DRILLING PERMIT NO. 97-94 N-32 -
Other IDWB No. _____

2. OWNER: Name Bert Triesch
Address Box 172
City Levin State Id Zip 83821

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

T. 59 North ☒ or South ☐
 E. R. 4 East ☐ or West ☒
 Sec. 3 SW 1/4 SE 1/4 1/4
10 acres 10 acres 160 acres
 Gov't Lot _____ County Bonifer

Address of Well Site Sherwood beach

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☐ Air Rotary ☒ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT Sacks or Pounds	METHOD
Material	From	To		
Bentonite	0	18	8	Temp Casing

Was drive shoe seal tested? Y ☐ N ☒ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
6	0	55	250			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Final location of shoes 55

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method Johnson
☒ Screens Type Johnson Material Steel

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casting	Liner
55	60	20		6"		<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

SWSE 3 S9N 4W

10. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air

Yield gal./min.	Drawdown	Pumping Depth	Time
8	5'	35	1

Temperature of water_____ Was a water analysis done? Yes ☐ No ☒

By whom? _____

Water Quality (odor, etc.)

Bottom Hole Temperature

11. STATIC WATER LEVEL:

30 ft. below surface Depth artesian flow found

Artesian pressure _____ lb. Describe access port _____

Describe Controlling Devices:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SWL
8	0	18	S211D		
10	18	25	S211D		
	25	40	S211D		
	40	41	S211D		

0000000000

OFFICE USE ONLY

Inspected by TDK

Twp 59N Rge 4W Sec 03

1/4 SW 1/4 SE 1/4

MICROFILMED

DEC 29 1998

Date: Started 6-3-94 Completed 6-4-94

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 1212 P. HS + JONES Firm No. 168

Firm Official _____ Date 6-10-84

Supervisor or Operator Steve Smith Date 6-10-94

(Sign once if Firm Official & Operator)



State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name STUART WAGNER
Address N. 4804 ISENHART SPOKANE, WA.
Drilling Permit No. 97-93-N-62-000
Water Right Permit No. _____

7. WATER LEVEL

Static water level 74 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
- ☐
- Modification
-
- ☐
- Abandoned (describe abandonment or modification procedures
-
- such as liners, screen, materials, plug depths, etc. in lithologic
-
- log, section 9.)

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>8-9</u>	<u>88</u>	

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Monitor
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

4. METHOD DRILLED

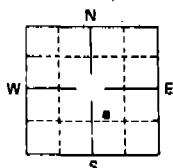
- ☐
- Rotary
- ☐
- Air
- ☐
- Auger
- ☐
- Reverse rotary
-
- ☒
- Cable
- ☐
- Mud
- ☐
- Other _____
-
- (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____Thickness Diameter From To
.250 inches 6 inches + 1 feet 90 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feetWas casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? _____ inches by _____ inches
Number From To
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feetWell screen installed? ☒ Yes ☐ No
Manufacturer SAUNDSON Type STAINLESS
Top Packer or Headpipe PACKER + 18"
Bottom of Tailpipe 9' TAILPIPEDiameter 5 1/2 Slot size 25 Set from 90 feet to 95 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☒ Temp. surface casing ☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☐ Solvent Weld ☐ Cemented between strataDescribe access port FLTLSS CAP

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

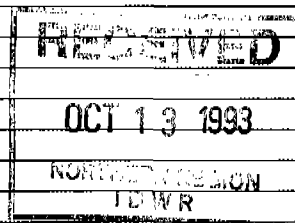
Lot No. _____ Block No. _____

County BONNERAddress of Well Site CAMP SHERWOOD N. OF COOLIN
(give at least name of road)5 1/2 NW 1/4 SE 1/4 Sec. 3 T. 39 N ☒ or S ☐
R. 4 E ☐ or W ☒

9. LITHOLOGIC LOG

090713

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	18	CLAY-GRAVEL-BOULDERS		<input checked="" type="checkbox"/>
6	18	65	CLAY-GRAVEL-BOULDERS		<input checked="" type="checkbox"/>
6	65	85	SILTY SAND-CLAY		<input checked="" type="checkbox"/>
6	85	95	MEDIUM SAND	<input checked="" type="checkbox"/>	
6	95	104	SILTY SAND CLAY & BROKEN ROCK	<input checked="" type="checkbox"/>	



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FEB 07 1994

Department of Water Resources

FEB 09 1995

10. Work started 9/30/93 finished 10/8/93

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name WOODWELL DRILLING Firm No. 389
N. 21303 NEWPORT HWY
Address CALBERT, WA. Date 10/8/93Signed by Drilling Supervisor Phil Stork

and

(Operator) _____

(If different than the Drilling Supervisor)

1/94 FEB 10 1935

**NORTHERN ALCON
LDWR**

~~1-DRILLING PERMIT NO.~~ 97-94 N-0101-060


Other IDWR No.

2. OWNER:

Name Frank Walchak
Address General Delivery - north 12008 W. K. Rd
City Coplin Ia State IA Zip 83821

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 W  E
 S
 Twp. 59 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 10 1/4 SW 1/4 NW 1/4
10 acres 40 acres 160 acres
 Gov't Lot _____ County Banner County
 Address of Well Site Silverwood Beach
Road Section City Coolidge
 (Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☐ Air Rotary ☒ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	6	Templassing

Was drive shoe used? Y ☒ N ☐

Was drive shoe seal tested? Y ☐ N ☒ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	0	70	250		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method Johnson
☒ Screens Screen Type Telespining

From	To	Slot Size	Number	Diameter	Material	Casing	Line
65	70	30		6	Stainless	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

_____ ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices:

control devices:			
SW NW	10	59N	4W

11. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
± 10	10'	60'	1 hr

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 70 (Measurable)
Date: Started 1-3-95 Completed 1-5-95

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 Cox / P. H. & Sons Firm No. 168

Firm Official Cash Date 1-7-95

Supervisor or Operator Steve P. [Signature] Date 1-7-95

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES



Department of Water Resource
State law requires th

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Richard Wandless

Address Colin Idaho 83821

Drilling Permit No. 97-93-N-0007

Water Right Permit No. _____

2. NATURE OF WORK

☒ New well

☐ Deepened

☐ Replacement

☐ Well diameter increase

☐ Modification

☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

3. PROPOSED USE

☒ Domestic

☐ Irrigation

☐ Monitor

☐ Industrial

☐ Stock

☐ Waste Disposal or Injection

☐ Other _____ (specify type)

4. METHOD DRILLED

☐ Rotary

☐ Air

☐ Auger

☐ Reverse rotary

☒ Cable

☐ Mud

☐ Other _____ (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness

Diameter

From

To

1/4 inches 6" inches + 1 feet 70 feet

_____ inches _____ inches _____ feet _____ feet

_____ inches _____ inches _____ feet _____ feet

Was casing drive shoe used?

☒ Yes ☐ No

Was a packer or seal used?

☐ Yes ☒ No

Perforated?

☐ Yes ☒ No

How perforated?

☐ Factory ☐ Knife ☐ Torch ☐ Gun

Size of perforation? _____ inches by _____ inches

Number

From

To

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed?

☒ Yes ☐ No

Manufacturer Johnson Type Telescoping

Top Packer or Headpipe _____

Bottom of Tailpipe _____

Diameter 6 Slot size 30 Set from 63 feet to 68 feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Puddling clay ☐ _____

Sealing procedure used: ☐ Slurry pit

☒ Temp. surface casing ☐ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded

☐ Solvent Weld ☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location

N

W

E

S

3

*

Subdivision Name _____

Lot No. _____ Block No. _____

County Bonner

Address of Well Site Sherwood Beach
(give at least name of road)

T. 59N N. ☒ or S ☐

R. 4 E ☐ or W ☒

SE 1/4 SW 1/4 Sec. 3

7. WATER LEVEL

Static water level 50' feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow 10

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ °F. Quality _____

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Air ☐ Other _____

Discharge G.P.M.

Pumping Level

Hours Pumped

10

40

2

9. LITHOLOGIC LOG

104971

Bore Diam.

Depth

Material

Water

Yes

No

8

0

18

sand cobbles

6

18

30

clays to fine sand silt

6

30

50

clays sand silt

6

50

70

clays to fine sand

☒

10.

Work started 3-18-93 finished 3-20-93

11. DRILLER'S CERTIFICATION

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

Firm Name 2nd P.H. & S. Firm No. 168

Address Rt 2 Old Town Id 3-29-93

Signed by Drilling Supervisor Carl Gatto

and

(Operator) Joe Ochert
(if different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0088456
 Drilling Permit No. 900774
 Water right or injection well # _____
 2. OWNER: Yomanone LLC
 Name Cory Yost
 Address P.O. Box 2983
 City Spokane State WA Zip 99220

3. WELL LOCATION:
 Twp. 59N North ☒ or South ☐ Rge. 04W East ☐ or West ☒
 Sec. 10 1/4 NW 1/4 NW 1/4
 Gov't Lot _____ County Bonner
 Lat. 48 ° 29 . 049 (Deg. and Decimal minutes)
 Long. 116 ° 50 . 738 (Deg. and Decimal minutes)
 Address of Well Site Paul Jones Beach Rd
 City Coolin

(Give at least name of road - distance to head of landmark)
 Lot. 1 Blk. 2 Sub. Name Duncans Subdivision

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 _____

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
Bentonite	0	38	1000 lbs	Temp. Casing

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	71	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 71'

9. PERFORATIONS/SCREENS:
 Perforations ☐ Y ☒ N Method _____
 Manufactured screen ☒ Y ☐ N Type Alloy
 Method of Installation Telescoping

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
66	71	16	5'	5"	S.S.	

Length of Headpipe 5' Length of Tailpipe _____
 Packer ☒ Y ☐ N Type K-Packer

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) 38' Static water level (ft) 2'
 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
	5	60	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.
10	0	1	Topsoil
10	1	13	Sand
10	13	38	Clay
8	38	73	Sand With Gravel
8	73	80	Clay

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JUL 23 2021

IDWR/NORTH

Completed Depth (Measurable): 71'
 Date Started: July 15, 2021 Date Completed: July 16, 2021

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 Tom R... Date 7-20-21
 *Driller ... Date 7-20-21
 *Operator II _____ Date _____
 Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

_____ 1/4 _____ 1/4 _____ 1/4

Lat: : : Long: : :


1. WELL TAG NO. D 22233
 DRILLING PERMIT NO. 783860
 Other IDWR No. _____

2. OWNER:

Name John C. Young.
Address 1211 E. Columbia
City Spokane State WA Zip 99207

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N

 W E
 S
 Twp. 59 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 3 1/4 NE 1/4 SW 1/4
 Gov't Lot _____ County Bonner 10 acres 40 acres 160 acres
 Lat: : : Long: : :
 Address of Well Site 414 Sherwood Beach
 City Colin
 Give at least name of road + Distance to Road or Landmark
Loop

LI. 17-20 Bk. _____ Sub. _____ Name Sherwood Beach
3rd Addn. _____

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	-4	-20	5	Temp Casing

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 95
Was drive shoe seal tested? ☒ Y ☐ N How? Railor

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Linear	Welded	Threaded
6"	+15	-95	Y4"	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe 1' Length of Tailpipe 0

9. PERFORATIONS/SCREENS

Perforations

Method *Telescoping*

Screens

Screen Type Stainless

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
104	93	10		6"	SS.	<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>
						<input type="checkbox"/>	<input type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

45 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: no

11. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
12 + GPM	50'	95'	

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments:

Depth first Water Encounter 93

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

RECEIVED

~~SEP 18 2002~~

IDWR North

Completed Depth 104 (Measurable)
Date: Started 8-19-02 Completed 8/21/02

13. DRILLER'S CERTIFICATION

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

Company Name Doyle Bros. Sons Firm No. 23

Firm Official Dale Kutt Date 8/24/02

and *Mr. J. W. P.*

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES