

RECEIVED
MAY 11 2015

IDWR / NORTH

1. WELL TAG NO. D 0061906

Drilling Permit No. 871587
Water right or Injection well # _____

2. OWNER

Name **DON PINARD**
Address **1101 PALOUSE ALBION RD.**
City **PALOUSE** State **WA** Zip **99161**

3. WELL LOCATION:

Twp. 40 N North ☒ or South ☐ Rge. 5 East ☐ or West ☒
 Sec. 29 1/4 SW 1/4 NW 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County **LATAH**
 Lat. N46° 46 900 (Deg. and Decimal minutes)
 Long. W117° 00 104 (Deg. and Decimal minutes)
 Address of Well Site **1/4 MI WEST ON ESTES RD.**

City MOSCOW

Plot at foot of road • Distance to Road or Landmark

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply

☒ 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	112	34	DRY

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
8"	+1	112	250	STEEL	☒	☐	☐	☒
6"	30	180	200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 180

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method **SAW**
 Manufactured screen ☐ Y ☐ N Type _____
 Method of Installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
120	180	1/8x12	90	6"	PVC	200

Length of Headpipe	Length of Tailpipe
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Packer ☐ Y ☐ N Type

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) 157' Static water level (ft) 87'
Water temp. (°F) 54 Bottom hole temp. (°F) _____
Describe access port WELL CAP

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	60	1 HR	☐	☐	☒	☐

Water Quality test or comments:

13. LITHOLOGIC LOG and/or repairs or abandonment:

[illegible]

14. DRILLER'S CERTIFICATION

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

MCPHERSON & WRIGHT

Company Name **DRILLING** Co. No. **0376**

*Principal Driller Ted K. Smith Date 9/12/14

Driller _____ Date _____

*Operator II Greg West Date 9/12/14

Operator) _____ Date _____

* Signature of Principal Driller and rig operator are required.