

Identify

Identify from:
Tax Parcels

Tax Parcels
MARK H & JANA B ASHLEY FAMILY TRUST ASHLEY, MARK H & JANA E

Location:
2,289,226.194 1,904,821.968 Meters

Field	Value
ID	13600298
UPDATED	6/8/2021
PIN	RP57N04W090800A
OWNER	MARK H & JANA B ASHLEY FAMILY TRUST AS...
ADDRESS1	10973 EASTSIDE RD
ADDRESS2	
CITY	PRIEST RIVER
STATE	ID
ZIPCODE	83856-9545
P_ADDRESS	10973 EASTSIDE RD
P_ZIPCODE	83856
SUB_NAME	
LEGAL1	9-57N-4W N2NENW, W2NWNWNE
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	25
COUNTY	Bonner
SOURCE	<null>
YEAR_BUILT	2009

Identified 1 feature

SCANNED
DEC 15 2021

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 0044945
DRILLING PERMIT NO. 840466
Water Right or Injection Well No. _____

2. OWNER:

Name Mark Ashley
Address HCR 79 Box 172
City Crowley Lake State CA Zip 93546

3. LOCATION OF WELL by legal description:

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

Twp. 57 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 9 NW 1/4 NE 1/4
Gov't Lot _____
County Bonner

Lat: _____ Long: _____
Address of Well Site 10973 Eastside Rd
City Priest River

(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>350lbs</u>	<u>surface pipe</u>

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+2</u>	<u>18</u>	<u>250</u>	<u>steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe 12
Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation telescoping

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>20</u>	<u>40</u>	<u>10</u>		<u>4</u>	<u>pvc</u>	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>10-20</u>	<u>18</u>	<u>40</u>	<u>7 1/2 sacks</u>	<u>pour</u>

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>6</u>		<u>35-40</u>	<u>2hr</u>

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: little cloudy

Depth first Water Encounter 8

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 some gravel, brown clay</u>		☒	
<u>6</u>	<u>18</u>	<u>39</u>	<u>sand some gravel, brown clay</u>		☒	
	<u>39</u>	<u>40</u>	<u>blue clay</u>			

RECEIVED
AUG 02 2006
IDWR/North

Completed Depth 40ft (Measurable)

Date: Started 6-16-06 Completed 6-19-06

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 Bronson Water Wells Firm No. 360

Principal Driller Clint Bronson Date 6/22/06

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

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