

97-9872 EVIDENCE OF PRIORITY

Field	Value
ACRES	0.4
ADDRESS1	12 DHARMA WAY
ADDRESS2	
CITY	WASHOUGAL
COUNTY	Bonner
ID	17330867
LEGAL1	3-59N-4W SHERWOOD BCH ADD #3 LOTS 1,2
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
OWNER	MORRIS, JOHN WILLIAM IV; MORRIS, TANIS S
P_ADDRESS	228 SHERWOOD BCH LOOP
P_ZIPCODE	83821
ParcelCount	1
PIN	RP00419000001AA
SHAPE	Polygon
SOURCE	<null>
STATE	WA
SUB_NAME	SHERWOOD BEACH ADD THREE
UPDATED	7/6/2024
YEAR_BUILT	1954
ZIPCODE	98671

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT
RECEIVED

1. WELL TAG NO. D 0028359
DRILLING PERMIT NO. 801541
Water Right or Injection Well No. AUG 21 2003

2. OWNER IDWR/North
Name B-11 Mifford
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 Bonneville
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

☒ 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>Templating</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>	☒	☐	☒	☐

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>	☐	☐

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: _____

59N 4W 3

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

12. WELL TESTS:

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

Water Temp. 70.12 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>18</u>	<u>Sand</u>			☒
<u>6</u>	<u>18</u>	<u>30</u>	<u>Sand</u>			☒
<u>6</u>	<u>30</u>	<u>60</u>	<u>Sand mud.</u>		☒	

Completed Depth 60' (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 Carlson Sons Firm No. 1608
Principal Driller Stu Peterson 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.

FORWARD WHITE COPY TO WATER RESOURCES