

97-9126 EVIDENCE OF PRIORITY

BONNER COUNTY PARCEL DATA

Field	Value
ACRES	4.7
ADDRESS1	729 TOAD RD
ADDRESS2	
CITY	PRIEST RIVER
COUNTY	Bonner
ID	15688812
LEGAL 1	17-58N-4W W2NENENW LESS R/W
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
OWNER	CUMSTON, MICHAEL D & CARLEEN D
P_ADDRESS	729 TOAD RD
P_ZIPCODE	83856
ParcelCount	1
PIN	RP58N04W172525A
SHAPE	Polygon
SOURCE	<null>
STATE	ID
SUB_NAME	
UPDATED	6/17/2023
YEAR_BUILT	2004
ZIPCODE	83856-5119

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 0044807
 DRILLING PERMIT NO. 840031
 Water Right or Injection Well No. _____

2. OWNER: Michael Cymston
 Name _____
 Address PO Box 1002
 City Priest River State ID Zip 83854

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 58 North ☒ or South ☐
 Rge. 4 East ☐ or West ☒
 Sec. 8 1/4 NE 1/4 SW 1/4
 Gov't Lot _____ County Bonanza
 Lat: _____ Long: _____
 Address of Well Site ROAD 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>300 lbs</u>	<u>Temp Casing</u>

 Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 109'
 Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>1</u>	<u>109</u>	<u>30</u>	<u>Steel</u>	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method Skull Saw
 Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>165</u>	<u>205</u>	<u>8x8</u>	<u>30</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

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

58N 4W 8

12. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>6</u>	<u>100%</u>	<u>205'</u>	<u>4 1/2 hr</u>

Water Temp. Cold 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>TOPSOIL Quicksand</u>	☒	☐
<u>6</u>	<u>18</u>	<u>50</u>	<u>HARD PAN</u>	☒	☐
<u>6</u>	<u>50</u>	<u>109</u>	<u>HARD PAN</u>	☒	☐
<u>6</u>	<u>109</u>	<u>195</u>	<u>Granite 5' Gal Frac 196'</u>	☒	☐
<u>6</u>	<u>195</u>	<u>205</u>	<u>Granite 1 Grm</u>	☒	☐

RECEIVED

JUN 12 2006

IDWR/North

RECEIVED

AUG 04 2006

IDWR/North

RECEIVED

JUN 20 2006

IDWR/North

Completed Depth 205' (Measurable)
 Date: Started 5/26/06 Completed 6/1/06

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 Carl Pitts & Sons Firm No. 168

Principal Driller Steve Pitts Date 6/4/06

Driller or Operator II John E Pitts Date 6/2/06

Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES