

97-8133 EVIDENCE OF PRIORITY

BONNER COUNTY PARCEL DATA

Field	Value
ACRES	0.2
ADDRESS1	PO BOX 18
ADDRESS2	
CITY	COOLIN
COUNTY	Bonner
ID	15706258
LEGAL1	3-59N-4W SHERWOOD BEACH ADDN LOT 13 #3
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
OWNER	SMITH, PEGGY P
P_ADDRESS	362 SHERWOOD BCH LP LOOP
P_ZIPCODE	83821
ParcelCount	1
PIN	RP004190000130A
SHAPE	Polygon
SOURCE	<null>
STATE	ID
SUB_NAME	SHERWOOD BEACH ADD THREE
UPDATED	6/17/2023
YEAR_BUILT	1964
ZIPCODE	83821

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0028503

DRILLING PERMIT NO. 804234

Water Right or Injection Well No. _____



2. OWNER

Name Gary Smith

Address 700 Bldg St Clz

City Clarkston State UT 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 Bonneville 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

☒ 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>Portland</u>	<u>0</u>	<u>18</u>	<u>20</u>	<u>Tempering</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 75

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>4</u>	<u>1</u>	<u>75</u>	<u>20</u>	<u>Gal</u>	☒	☐	☒	☐

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>4</u>	<u>S.S.</u>	☐	☐

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: _____

59N 4W 3

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: _____

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>40</u>	<u>Sand</u>			☒
<u>6</u>	<u>40</u>	<u>60</u>	<u>Sand clay lens</u>			☒
<u>6</u>	<u>60</u>	<u>80</u>	<u>Sand clay lens</u>		☒	☒

RECEIVED

OCT 23 2003

IDWR North

Completed Depth 78' (Measurable)

Date: Started 4/27/03 Completed 4/29/03

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 Coy L. Hays & Sons Firm No. 168

Principal Driller Steve Hays Date 4/29/03

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