

97-8389 EVIDENCE OF PRIORITY

BONNER COUNTY PARCEL DATA

Field	Value
ACRES	1.3
ADDRESS1	PO BOX 216
ADDRESS2	
CITY	COOLIN
COUNTY	Bonner
ID	15676991
LEGAL1	15-59N-4W MERLES ESTATES LOT 11 CPWRS
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
OWNER	YOUNG, MARK & MICHELLE
P_ADDRESS	13600 EASTRIVER RD
P_ZIPCODE	83856
ParcelCount	1
PIN	RP052140000110A
SHAPE	Polygon
SOURCE	<null>
STATE	ID
SUB_NAME	MERLE'S ESTATES
UPDATED	6/17/2023
YEAR_BUILT	2020
ZIPCODE	83821-0216

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0084625

Drilling Permit No. 725 894678

Water right or injection well # _____

2. OWNER: Mark Young

Name _____

Address 19116 Kiowk road

City Bend State OR Zip 97702

3. WELL LOCATION:

Twp. 59 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 15 1/4 SE 1/4 NW 1/4

Gov't Lot _____ County Bonner

Lat. 4827 (Deg. and Decimal minutes)

Long. 11650 656 (Deg. and Decimal minutes)

Address of Well Site Lot 11 Merle Estates

City Coolin

Lot _____ Blk. _____ Sub. Name _____

(Give at least name of road + distance to road or landmark)

4. USE:

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

☐ Other _____

5. TYPE OF WORK:

☒ 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 ft³) _____ Placement method/procedure _____

Bentonite 0 38 1300 lbs pour

8. CASING/LINER:

Diameter (nominal) _____ From (ft) _____ To (ft) _____ Gauge/Schedule _____ Material _____ Casing Liner _____ Threaded _____ Welded _____

6" +2 274 250 steel ☒ ☐ ☐ ☒

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

☐ ☐ ☐ ☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 269'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type stainless steel

Method of installation casing jack

From (ft) _____ To (ft) _____ Slot size _____ Number/ft _____ Diameter (nominal) _____ Material _____ Gauge or Schedule _____

269 274 20 5' 5" SS 304

☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐ ☐

☐ ☐ ☐ ☐ ☐ ☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type K- Packer

10. FILTER PACK:

Filter Material _____ From (ft) _____ To (ft) _____ Quantity (lbs or ft³) _____ 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) _____ Static water level (ft) 50'

Water temp. (°F) cold Bottom hole temp. (°F) _____

Describe access port welded plate

Well test:

Drawdown (feet) _____ Discharge or yield (gpm) _____ Test duration (minutes) _____

20+ 1 hour

Test method:

Pump ☐ Bailor ☒ Air ☐ Flowing artesian ☐

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in) _____ From (ft) _____ To (ft) _____ Remarks, lithology or description of repairs or abandonment, water temp. _____ Water _____

10" 0 20 brown sand Y X

10" 20 40 brown clay X

6" 40 60 blue clay X

6" 60 200 blue clay silt layers sum sand gravel X

6" 200 260 blue clay silt layers X

6" 260 265 blue silt X

6" 265 274 coarse sand gravel X

RECEIVED

AUG 06 2020

IDWR/NORTH

Completed Depth (Measurable) 274

Date Started: 7.2.20

Date Completed: 7.15.20

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 Pioneer Well Drilling Co. No. 725

*Principal Driller John McHale Date 7.30.20

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.