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Form 238-7

6/07 JUL 26 2019

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

IDWR / NORTH

1. WELL TAG NO. D 0079686
Drilling Permit No. 890033
Water right or injection well # _____

2. OWNER:

Name Ernest & Virginia Roberts
Address PO Box 962
City Centralia State WA Zip 98531

3. WELL LOCATION:

Twp. 56 North ☒ or South ☐ Rge. 5 East ☐ or West ☒
Sec. 19 1/4 SE 1/4 NE 1/4
Gov't Lot _____ County Bonner
Lat. 48° 11.4900 (Deg. and Decimal minutes)
Long. 117° 0.1860 (Deg. and Decimal minutes)Address of Well Site Everett Huff Rd 3/4 M East side
(Give at least name of road + distance to road or landmark) City Old Town, ID 83832
Lot. 1 Blk. _____ Sub Name MLD Estates 2 (5 acres)

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 Dual Rotary

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Casing Seal	0	41+	1300 lbs	10" overbore
#8 Cetco				40' Temp 10" surface casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	386 1/2	1.250	Steel	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Welded on 6" Ring Bit 386 1/2'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

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

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____10. FILTER PACK: N/A

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	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) 260' Static water level (ft) 326'
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port 6" Bolted well cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	<u>20 ± gpm</u>	

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: _____

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	
				Y	N
10"	0	41	large Gravel, Clay, Sand		☒
6"	41	50	" " " "		☒
"	50	110	Brown Sand and Clay		☒
"	110	170	Gray silt + sand wet		
"	170	200	Gray silt w/ some sand coarse		
"	200	210	Gray Clay, Sand, Gravel		☒
"	210	260	Gray Clay		☒
"	260	290	Silt w/ some coarse sand	☒	
			small amount water - unusable		
"	290	307	Gray Clay		☒
"	307	315	Decomposed Granite Gravel		☒
"	315	368	Pea Gravel mixed with Granite small Gravel and some Boulders and Sand		☒
"	368	377	Heaving Gravel, Pea Gravel, and Sand & silt w/ water		☒
"			(low static 20' ^{up} 377 5gpm 16' ap at 370', Not Develop very good)		
"	377	382	Pea Gravel, Sand + Gravel, mixed w/ Granite Broken Gravel		☒
"	382	386 1/2	Mostly Granite Gravel, Sand (water Develop faster/cleaner Est 20 gpm Final casing depth)		☒
"	386 1/2	390	Drilled casing down and water sealed off - Pulled casing back to 386 1/2' Final Clay or Decomposed Granite		☒

Completed Depth (Measurable): 386 1/2' NC Drilling 6/22, 6/23 Sat/SunDate Started: June 17, 2019 Date Completed: June 26, 2019

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 AQUA DRILLING & EXPLORATION INC. Co. No. 163*Principal Driller Scott M. Braum Date 6/26/19*Driller Scott M. Braum Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

AQUA DRILLING & EXPLORATION INC.
PO BOX 2850
HAYDEN, ID 83835-2850