Form 238-7
6/07

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0088043
Drilling Permit No. 89716 81
Water right or injection well #

2. OWNER: Rosetta Brockway
Name Tiffany Hansen
Address 2372 Johnson Cut Off Rd.
City Priest River State ID Zip 83856

3. WELL LOCATION:
Twp. 57N North ☒ or South ☐ Rge. 05W East ☐ or West ☒
Sec. 06 ____ 10 acres 1/4 SE 40 acres 1/4 NE 160 acres 1/4
Gov't Lot ____ County Bonner
Lat. 48 ° 19 . 164 (Deg. and Decimal minutes)
Long. 117 ° 00 . 276 (Deg. and Decimal minutes)
Address of Well Site Johnson Cutoff Rd.
(Give at least name of road + Distance to Road or Landmark) City Priest River
Lot. ____ Blk. ____ Sub. Name ____

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
N/A				

8. CASING/LINER:

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

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

9. PERFORATIONS/SCREENS:
Perforations ☐ Y ☒ N Method ____
Manufactured screen ☒ Y ☐ N Type Johnson Stainless Steele
Method of installation ____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
173	178	20	5'	5"	SS	

Length of Headpipe 5' Length of Tailpipe 0
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) N/a Static water level (ft) 56'
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port Welded steel cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	75	60

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	Water N
			Installed Sandscreen		

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MAR 08 2021
IDWR/NORTH

Completed Depth (Measurable): 178'
Date Started: Feb 25, 2021 Date Completed: Feb 25, 2021

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 H2O Well Service Inc. Co. No. 448
*Principal Driller [signature] Date 3-2-21
*Driller [signature] Date 3-2-21
*Operator II ____ Date ____
Operator I ____ Date ____

* Signature of Principal Driller and rig operator are required.