

97-8877 EVIDENCE OF PRIORITY

BONNER COUNTY PARCEL DATA

Field	Value
ACRES	26
ADDRESS1	PO BOX 626
ADDRESS2	
CITY	FILER
COUNTY	Bonner
ID	15697348
LEGAL1	30-57N-4W S2NENE & N2SENE LYING E OF W R/W OF ACCESS ROAD
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
OWNER	PENINSULA TRUST; SAVAGE, OTHO M & THERESA L TRUSTEES
P_ADDRESS	1649 PENINSULA LP LOOP
P_ZIPCODE	83856
ParcelCount	1
PIN	RP57N04W300451A
SHAPE	Polygon
SOURCE	<null>
STATE	ID
SUB_NAME	
UPDATED	6/17/2023
YEAR_BUILT	1980
ZIPCODE	83328

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTRECEIVED
USE TYPEWRITER OR
POINT PEN
MAR 04 1994
Department of Water ResourcesState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Otho H. Savage</u> Address <u>6855 Price St. Loop Sandpoint Id</u> Drilling Permit No. <u>97-93-N-86-000</u> Water Right Permit No. _____		7. WATER LEVEL Static water level <u>50</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature <u>50</u> °F. Quality <u>clear</u> Describe artesian or temperature zones below.																															
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>20</u></td><td><u>193</u></td><td><u>1 hr.</u></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>20</u>	<u>193</u>	<u>1 hr.</u>																								
Discharge G.P.M.	Pumping Level	Hours Pumped																															
<u>20</u>	<u>193</u>	<u>1 hr.</u>																															
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <u>090769</u> <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water Yes No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>10</u></td><td><u>0</u></td><td><u>17</u></td><td><u>Sand + gravel</u></td><td>☒</td></tr><tr><td><u>196</u></td><td><u>17</u></td><td><u>185</u></td><td><u>Clay - gray</u></td><td>☒</td></tr><tr><td><u>6</u></td><td><u>185</u></td><td><u>194</u></td><td><u>sand + gravel</u></td><td>☒</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water Yes No	From	To	<u>10</u>	<u>0</u>	<u>17</u>	<u>Sand + gravel</u>	☒	<u>196</u>	<u>17</u>	<u>185</u>	<u>Clay - gray</u>	☒	<u>6</u>	<u>185</u>	<u>194</u>	<u>sand + gravel</u>	☒								
Bore Diam.	Depth		Material		Water Yes No																												
	From	To																															
<u>10</u>	<u>0</u>	<u>17</u>	<u>Sand + gravel</u>	☒																													
<u>196</u>	<u>17</u>	<u>185</u>	<u>Clay - gray</u>	☒																													
<u>6</u>	<u>185</u>	<u>194</u>	<u>sand + gravel</u>	☒																													
4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED FEB 24 1994 NORTHERN REGION IDWR RECEIVED FEB 09 1995																															
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> foot</td><td><u>188</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☐ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☒ Yes ☐ No Manufacturer's name <u>Cook</u> Type <u>stainless</u> Model No. _____ Diameter <u>6</u> Slot size <u>25</u> Set from <u>188</u> feet to <u>193</u> feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>19'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____				Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>1</u> foot	<u>188</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations
Thickness	Diameter	From	To																														
<u>.250</u> inches	<u>6</u> inches	<u>1</u> foot	<u>188</u> feet																														
_____ inches	_____ inches	_____ feet	_____ feet																														
_____ inches	_____ inches	_____ feet	_____ feet																														
_____ inches	_____ inches	_____ feet	_____ feet																														
Number	From	To																															
_____ perforations	_____ feet	_____ feet																															
_____ perforations	_____ feet	_____ feet																															
_____ perforations	_____ feet	_____ feet																															
6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Bonner</u> <u>SE 1/4 NE 1/4 Sec. 30, T. 51 N. R. 4 E</u>		10. Work started <u>1-6-94</u> finished <u>1-10-94</u>																															
		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Intermountain</u> Firm No. <u>513</u> Address <u>HCE 5 Box 1A</u> <u>Prust River, Id 83856</u> Date <u>1-30-94</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>same</u>																															

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT