



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

December 11, 2019

John McDonald
Pioneer Well Drilling
PO Box 908
Priest River ID 83856

RE: Incorrect Well Report

Please correct the highlighted areas and return within 30 days from the date of this letter.

If corrected reports are not resubmitted within 30 days from the date of this letter, your company will be in violation of IDAPA 37.03.10.050.01.k of the Well Driller Licensing Rules. **Please note that returned Well Reports will not be entered until all required information is supplied and correct.** To avoid delays in future processing, please review all documents before submitting them to our office. If you have any questions please don't hesitate to call. Thank you for your quick response to this issue.

Sincerely,

Natalie Steading
Tech Records Specialist, Northern

Encl. Well reports D0082148, D0079914, D0079912, D0082147, D0079913

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D0082148

Drilling Permit No. 725

Water right or injection well # _____

2. OWNER: Joshua Ball

Name Joshua Ball

Address 2970 Cottonwood Road

City Priest River State Id Zip 83856

3. WELL LOCATION:

Twp. 58 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 19 10 acres 1/4 NW 40 acres 1/4 NE 160 acres 1/4

Gov't Lot _____ County Bonner

Lat. 4822 ° 277 (Deg. and Decimal minutes)

Long. 11654 ° 273 (Deg. and Decimal minutes)

Address of Well Site 2970 Cottonwood road

City Bonner

(Use all real name of tract • Distance to Road or Landmark)

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 ft ³)	Placement method/procedure
bentonite	0	38	1150 lbs	pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	40	250	steel	☒	☐	☒
4"	-10	204	200	pvc	☐	☒	☐
					☐	☐	☐
					☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method saw cut

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
144	204	1x1/8	60	4"	pvc	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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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) 62'

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

Describe access port welded plate

Well test:	Discharge or yield (gpm)	Test duration (minutes)	Test method:	Pump	Bailer	Air	Flowing artesian
Drawdown (feet)	2	2 hours		☐	☐	☒	☐
				☐	☐	☐	☐

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
10"	0	3	brown dirt	Y N
10"	3	15	course and fine sand sum brown cla	X
10"	15	40	decomposed granite	X
6"	40	120	decomposed granite	X
6"	120	165	salt and pepper granite green quartz	X
6"	165	204	salt and pepper granite white and tan quartz layer	X

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Completed Depth (Measurable) 204

Date Started: 10.14.19 Date Completed: 10.28.19

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 _____ Date _____

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0079914

Drilling Permit No. 725

Water right or injection well # _____

2. OWNER: Mike Bishop

Name 1313

Address Leisure Drive

City Hayden State Id Zip 83835

3. WELL LOCATION:

Twp. 61 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 19 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County Bonner

Lat. 4837 879 (Deg. and Decimal minutes)

Long. 11654 739 (Deg. and Decimal minutes)

Address of Well Site 19-61N-4W

City Nordman

Lot. 1 Blk. _____ Sub. Name Lyn G NE

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 ft ³)	Placement method/procedure
bentonite	0	38	1250	pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	102	250	steel	☒	☐	☒
4"	-20	242	200	pvc	☐	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 102

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method saw cut

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
20	242	1"x1/8"	60	4"	pvc	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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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) 81'

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

Describe access port welded plate

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
3		3 hours	☐	☐	☐	☐

Test method:

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	20	pea gravel and sand layers		X
10"	20	40	fine brown sand		X
6"	40	60	brown silt		X
6"	60	80	blue clay		X
6"	80	242	salt and pepper granite tan/white quartz layers	X	

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Completed Depth (Measurable) 242

Date Started: 9.10.19

Date Completed: 9.20.19

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 _____ Date _____

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D0079912

Drilling Permit No. 725

Water right or injection well # _____

2. OWNER: Nancy Hanson

Name Nancy Hanson

Address 6631 N Fotheringham

City Spokane State WA Zip 99208

3. WELL LOCATION:

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

Sec. 10 1/4 SW 1/4 NW 1/4

Gov't Lot _____ County Bonner

Lat. 4828 802 (Deg. and Decimal minutes)

Long. 11650 711 (Deg. and Decimal minutes)

Address of Well Site 338 S Lee street

City Coolin

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 ft ³)	Placement method/procedure
Bentonite	0	38	1500lbs	pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	137	250	steel	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 137

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☒ Y ☐ N Type SS

Method of installation hammer back

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
137	142	20	5	5"	SS	304

Length of Headpipe 2' Length of Tailpipe _____

Packer ☒ Y ☐ N Type Kay Packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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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) 51'

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+	2 hours

Test method:

Pump	Bailer	Air	Flowing artesian
☐	☒	☐	☐

Water quality test or comments: good

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	38	cobbles and gravel, brown sand		X
6"	38	55	gravel and sand	X	
6"	55	62	brown sand	X	
6"	62	142	course sand and gravel	X	

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Completed Depth (Measurable): 142

Date Started: 07.29.2019

Date Completed: 8/15/2019

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 Pioneer Well Drilling Co. No. 725

*Principal Driller _____ Date _____

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0082147

Drilling Permit No. 725

Water right or injection well # _____

2. OWNER: Jeff Hardin

Name Jeff Hardin

Address 1038 9th Street

City Clarkston State wa Zip 99403

3. WELL LOCATION:

Twp. 61 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 19 10 acres 1/4 SE 1/4 NE 1/4

Gov't Lot _____ County Bonner

Lat. 4837 577 (Deg. and Decimal minutes)

Long 11653 861 (Deg. and Decimal minutes)

Address of Well Site 91 Reeder Tracts Road

City Nordmand

Lot. 2 Blk. 1 Sub. Name Pools Reeder Tract

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 ft ³)	Placement method/procedure
bentonite	0	38	1100lb	pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	38	250	steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____

Manufactured screen ☐ Y ☐ N Type SS

Method of installation pull back

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
38	43	20	5'	5"	ss	304

Length of Headpipe 2' Length of Tailpipe _____

Packer ☒ Y ☐ N Type Kay packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
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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) 5'

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

Describe access port welded plate

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
2.5		5 hours	☐	☐	☒	☐

Test method:

Water quality test or comments: good

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	15	brown clay		X
10"	15	40	brown clay		X
6"	40	43	course sand	X	

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NOV 04 2019

IDWR / NORTH

Completed Depth (Measurable): 43

Date Started: 9.23.19

Date Completed: 10.1.19

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 _____ Date _____

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

