

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D D0088329

Drilling Permit No. 900390

Water right or injection well # _____

2. OWNER: David & Terri Lyons

Name _____

Address P.O. Box 1047

City Priest River State ID Zip 83856

3. WELL LOCATION:

✓ Twp. 58N North ☒ or South ☐ Rge. 05W East ☐ or West ☒
Sec. 11 1/4 1/4 1/4 1/4

Gov't Lot _____ County Bonner

Lat. 48 ° 12 ' 912 (Deg. and Decimal minutes)

Long. 116 ° 55 ' 649 (Deg. and Decimal minutes)

Address of Well Site Slippery Slope Trail

City Priest River

(Give 21 total miles of road + 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 ft³)	Placement method/procedure
Bentonite	0	38	1000 lbs	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Linear	Threaded	Welded
6"	+2	397'	.250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 397'

8. 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
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Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	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) 380' Static water level (ft) 252'

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)	Pump	Boiler	Air	Flowing artesian
30	60		☐	☐	☒	☐

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	1	Topsoil	Y X
10	1	38	Clay With Sand	X
8	38	152	Clay With Gravel	X
8	152	380	Sand With Clay lenses	X
8	380	397	Coarse Sand With Gravel	X

RECEIVED

SEP 20 2021

IDWR/NORTH

Completed Depth (Measurable): 397'

Date Started: 8/5/2021 Date Completed: 8/9/2021

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 8-26-21

*Driller [Signature] Date 8-26-21

*Operator II [Signature] Date 8-26-21

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

PARCEL LOCATION FOR CFPRBA CLAIM 97-9361

2021 AERIAL PHOTO



PARCEL LOCATION FOR CFPRBA CLAIM 97-9361

2023 AERIAL PHOTO

