

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

2

1. WELL TAG NO. D 0088271

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER: _____

Name McGEE I LLC.Address 435 WOODVIEW RD.City SANDPOINT State ID Zip 83864

3. WELL LOCATION:

Twp 54 North ☒ or South ☐ Rge. 4 East ☐ or West ☒Sec 10 1/4 N/W 1/4 S/W 1/4County BONNERLat: 48 ° 2.4819 (Deg. and Decimal minutes)Long: -116 ° 49.6559 (Deg. and Decimal minutes)Address of Well Site SAWBUCK ROADCity PRIEST RIVERLot 2 Blk. _____ Sub. Name SAWBUCK ESTATES

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
<u>BENTONITE</u>	<u>0</u>	<u>18</u>	<u>500 LBS.</u>	<u>OVERBORE</u>
<u>CHIP</u>				<u>DRY POUR</u>

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
<u>6</u>	<u>1.5</u>	<u>179</u>	<u>.250</u>	<u>STEEL</u>	☒	☐	☐	☒
					☐	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 179'9. PERFORATIONS/SCREENS: RING @ 180'Perforations ☒ Y ☐ N Method AIR PERFORATORManufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
<u>179</u>	<u>169</u>	<u>1/16" x 1/8"</u>	<u>48</u>	<u>6"</u>	<u>STEEL</u>	<u>.250"</u>

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

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Descent control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 150' Static water level (ft) 150'Water temp. (°F) COLD Bottom hole temp. (°F) COLDDescribe access port WELDED PLATE

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
<u>180</u>	<u>35</u>	<u>60</u>

Test method:

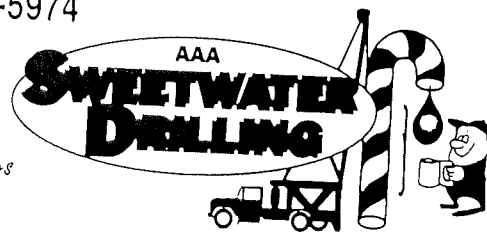
Pump	Bailer	Air	Flowing artesian
☐	☐	☒	☐

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
<u>10</u>	<u>0</u>	<u>1</u>	<u>TOP SOIL</u>		☒
	<u>1</u>	<u>18</u>	<u>LOOSE SAND, CLAY, COBBLES</u>		
<u>8</u>	<u>18</u>	<u>24</u>			
	<u>24</u>	<u>26</u>	<u>BOULDER</u>		
	<u>26</u>	<u>92</u>	<u>CEMENTED SAND, GRAVEL, CLAY</u>		
	<u>92</u>	<u>96</u>	<u>BOULDER</u>		
	<u>96</u>	<u>142</u>	<u>CEMENTED SAND, GRAVEL, CLAY</u>		
	<u>142</u>	<u>150</u>	<u>COARSE SAND & GRAVEL</u>		
	<u>150</u>	<u>158</u>	<u>SAME WITH WATER</u>		☒
	<u>158</u>	<u>180</u>	<u>LARGE GRAVEL, SAND, WATER</u>		☒

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Complete Systems • From the Well To The House
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Completed Depth (Measurable): 180'
Date Started: 6/17/21 Date Completed: 6/18/21

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 AAA SWEETWATER DRILLING Co. No. 509Principal Driller Mark Pitts Date 6-24-21Driller [Signature] Date 6/22/21

Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.