

MIKE McDOWELL
KOOTENAI COUNTY ASSESSOR
PO Box 9000
451 Government Way
Coeur d'Alene, ID 83816-9000

ASSESSMENT NOTICE
BUDGET HEARING INFORMATION
2008 Annual - Real Property

THIS IS NOT A BILL.
DO NOT PAY.

May 27, 2008

For any questions, please notify the Assessor's Office immediately.
Assessor's Telephone Number: (208) 446-1500

Appeals of your property value must be
filed in writing on a form provided by the
County by: **June 23, 2008 5:00 PM**

178891
2/2

AIN # 178891

Parcel # 48N01W174050

Tax Code Area: 241000

Parcel Address: 19257 S BLACK ROCK RD
Parcel Description: TAX #14894 17 48N 01W

LUMARIE PECK LIVING TRUST
19257 BLACK ROCK RD
CATALDO ID 83810

ASSESSED VALUE OF YOUR PROPERTY

CURRENT CATEGORY AND DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
07 Bare forest Use Value	3.7800	582	597
10 Homesite	1.0000	54000	62100
31 Res imp on 10		166560	137120
Sub Total:	4.7800		199817
Less Exemptions:			99610
Net Taxable Property Value:	4.7800		100207

BUDGET HEARING INFORMATION

TAXING DISTRICTS	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
1-KOOTENAI CO	208-446-1600	Sep 2, 2008 6:00pm
228-EASTSIDE HIGHWAY #3	208-765-4714	Aug 18, 2008 9:00am
233-SCHOOL DIST #274-BOND	208-689-3631	Jun 9, 2008 6:30pm
233-SCHOOL DIST #274-OTHER	208-689-3631	Jun 9, 2008 6:30pm
233-SCHOOL DIST #274-SUPP	208-689-3631	Jun 9, 2008 6:30pm
249-SHOSHONE FIRE	208-786-4272	Jul 16, 2008 4:30pm
271-KOOT FREE LIBRARY	208-772-5612	Aug 27, 2008 6:00pm
351-N ID COLLEGE	208-769-3342	May 28, 2008 6:00pm
354-KOOTENAI-EMS	208-676-8739	Aug 21, 2008 3:00pm

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See the back of this Notice for details.

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

State 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 LUMARIE BECK
Address 18333 BLACK ROCK RD
CATALDO, ID 83810
Drilling Permit No. 94-91-N-4
Water Right Permit No. _____

7. WATER LEVEL

Static water level 40 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality GOOD
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 _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>8-10</u>	<u>60</u>	<u>1 HR</u>
ESTIMATED		

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

4. METHOD DRILLED

- ☒
- Rotary
- ☒
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

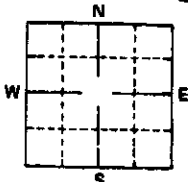
Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>+1</u> feet	<u>65</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

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 1/8 inches by 1 inches

Number	From	To
<u>14</u> perforations	<u>60</u> feet	<u>24</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ NoManufacturer's name _____
Type _____ Model No. _____Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feetGravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 20 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling 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 _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____

Lot No. 5 Block No. _____County KOOTENAI____ % ____ % Sec. 17, T. 48N. S ☐ R. 1W. E ☐ W ☐

10.

Work started 4-3-91 finished 4-3-9111. DRILLERS CERTIFICATION deI/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name UNITED DRILLING INC. No. 414Address P.O. BOX 2499 Date 4-4-91CDA, ID 83814

Signed by (Firm Official) _____

and _____

(Operator) Tim P. Vally