

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION  
OF RIGHTS TO THE USE OF WATER FROM  
THE COEUR D'ALENE-SPOKANE RIVER  
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number 95-13384

Date Received: 8/18/2009

Receipt No: NO21783A

Received By: dm

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) Milton E Davey ETUX Trustee Phone 509 466 9867

Mailing Address 17575 N. Little Spokane Drive Colbert WA Zip 99005  
Street or Box City State

2. Date of Priority: (Only one per claim) Dec 9 1982  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☒ or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_

4. Location of Point of Diversion is: Township 49N, Range 4W, Section 26,  
NE 1/4 of SW 1/4, or Govt. Lot 3 BM. County of Kootenai;

Parcel (PIN) no. 0-1620-000-007-0

Additional points of diversion if any: NA

If available, GPS coordinates: NA

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

Well Permit # 95-82-N-170 completed  
1982 with pressure tank

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For domestic purposes from 01-01 to 12-31 amount 0.04 cfs (or AFY) 1

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed 0.04 cfs ( ) or AFY ( )

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 home

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AUG 18 2009

9. Location of Place of Use is: Township 49N, Range 4W, Section 26.

NE 1/4 of SW 1/4, Govt. Lot 3 BM. Parcel (PIN) no. \_\_\_\_\_

If different than shown in Item 4

for (Check One) Domestic ☒ Stock ☐ Domestic and Stock ☐

Additional places of use, if any \_\_\_\_\_

10. In which county (ies) are lands listed above as place of use located? Kootenai

11. Do you own the property listed above as place of use? Yes ☒ No ☐

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

\_\_\_\_\_ or None ☒

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use ☒ Posted Notice ☐ License ☐ Permit ☐ Decree ☐

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

If applicable provide IDWR Water Right Number \_\_\_\_\_

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do ☐ do not ☒ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Milton E. Dewey Date: 8/18/09

\_\_\_\_\_ Date: \_\_\_\_\_

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

\_\_\_\_\_ of \_\_\_\_\_,  
Title Organization

that I have signed the foregoing document in the space below as

\_\_\_\_\_ of \_\_\_\_\_,  
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Title and Organization \_\_\_\_\_

16. Notice of Appearance:

Notice is hereby given that I, \_\_\_\_\_, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. 95-13384

SCANNED

AUG 18 2009

# DAVEY PIN 0-1620-000-007-0



95-13384

SCANNED

AUG 18 2009

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**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.TYPEWRITER OR  
BALLPOINT PEN

RECEIVED

MAY 6 1983

| <b>1. WELL OWNER</b><br>Name <u>M. E. Davey</u><br>Address <u>17515 Little Spokane Dr.</u><br><u>Colbert, Washington 99005</u><br>Owner's Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                 | <b>7. WATER LEVEL</b><br>Department of Water Resources<br>Northern District Office<br>Static water level <u>50</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature <u>cold</u> °F. Quality <u>good</u><br>Describe artesian or temperature zones below.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                         |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
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| <b>2. NATURE OF WORK</b> <u>95-82-N-70</u><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                 | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____<br><table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>6+ G.P.M.</td><td></td><td></td></tr></tbody></table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         | Discharge G.P.M. | Pumping Level | Hours Pumped      | 6+ G.P.M.       |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Pumping Level   | Hours Pumped                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                         |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| 6+ G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                 | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Bore<br/>Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>2</td><td>top soil</td><td></td><td>X</td></tr><tr><td>6</td><td>2</td><td>14</td><td>brown clay</td><td></td><td>X</td></tr><tr><td>6</td><td>14</td><td>24</td><td>decomp granite blorders</td><td>X</td><td></td></tr><tr><td>6</td><td>24</td><td>34</td><td>brown clay</td><td>X</td><td></td></tr><tr><td>6</td><td>34</td><td>44</td><td>broken black basalt</td><td>X</td><td></td></tr><tr><td>6</td><td>44</td><td>55</td><td>semi hard black basalt</td><td>X</td><td></td></tr><tr><td>6</td><td>55</td><td>59</td><td>inner bed</td><td>X</td><td></td></tr><tr><td>6</td><td>59</td><td>71</td><td>soft black basalt</td><td>X</td><td></td></tr><tr><td>6</td><td>71</td><td>94</td><td>inner bed basalt &amp; clay</td><td>X</td><td></td></tr><tr><td>6</td><td>94</td><td>100</td><td>soft black basalt</td><td>X</td><td></td></tr></tbody></table> |                         | Bore<br>Diam.    | Depth         |                   | Material        | Water         |                | From              | To              | Yes            | No              | 6      | 0    | 2  | top soil               |                | X               | 6                                                                                                                                                                                                                                                                                                                                                                                                 | 2 | 14 | brown clay |  | X | 6 | 14 | 24 | decomp granite blorders | X |  | 6 | 24 | 34 | brown clay | X |  | 6 | 34 | 44 | broken black basalt | X |  | 6 | 44 | 55 | semi hard black basalt | X |  | 6 | 55 | 59 | inner bed | X |  | 6 | 59 | 71 | soft black basalt | X |  | 6 | 71 | 94 | inner bed basalt & clay | X |  | 6 | 94 | 100 | soft black basalt | X |  |
| Bore<br>Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Depth           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Material                |                  | Water         |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
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| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 2               | 14                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | brown clay              |                  | X             |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 14              | 24                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | decomp granite blorders | X                |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 24              | 34                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | brown clay              | X                |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 34              | 44                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | broken black basalt     | X                |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 44              | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | semi hard black basalt  | X                |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 55              | 59                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | inner bed               | X                |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 59              | 71                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | soft black basalt       | X                |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 71              | 94                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | inner bed basalt & clay | X                |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| 6                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 94              | 100                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | soft black basalt       | X                |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| <b>4. METHOD DRILLED</b><br><input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                 | <b>10.</b><br>Work started <u>12/8/82</u> finished <u>12/9/82</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| <b>5. WELL CONSTRUCTION</b><br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other <u>P.V.C.</u><br><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> feet</td><td><u>45</u> feet</td></tr><tr><td><u>PVC</u> inches</td><td><u>4</u> inches</td><td><u>11</u> feet</td><td><u>110</u> feet</td></tr></tbody></table><br>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <u>S&amp;W</u><br>Size of perforation <u>1/8</u> inches by <u>6</u> inches<br><table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>90</u> perforations</td><td><u>50</u> feet</td><td><u>109</u> feet</td></tr></tbody></table><br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input type="checkbox"/> Bentonite <input checked="" type="checkbox"/> Pudding clay <input type="checkbox"/> _____<br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent<br>Weld _____<br><input type="checkbox"/> Cemented between strata<br>Describe access port <u>none</u> |                 | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Diameter                | From             | To            | <u>250</u> inches | <u>6</u> inches | <u>1</u> feet | <u>45</u> feet | <u>PVC</u> inches | <u>4</u> inches | <u>11</u> feet | <u>110</u> feet | Number | From | To | <u>90</u> perforations | <u>50</u> feet | <u>109</u> feet | <b>11. DRILLERS CERTIFICATION</b> <u>DE</u><br>I/We certify that all minimum well construction standards were<br>complied with at the time the rig was removed.<br>Firm Name <u>Murphy Drilling Co.</u> Firm No. <u>269</u><br>E. 17220 Linke Rd.<br>Address <u>Greenacres, Wa. 99016</u> Date <u>4/29/83</u><br>Signed by (Firm Official) <u>BO Murphy</u><br>and<br>(Operator) <u>BO Murphy</u> |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Diameter        | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To                      |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| <u>250</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>6</u> inches | <u>1</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <u>45</u> feet          |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| <u>PVC</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | <u>4</u> inches | <u>11</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <u>110</u> feet         |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | From            | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                         |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| <u>90</u> perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>50</u> feet  | <u>109</u> feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td></td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table><br>Subdivision Name _____<br><u>daveys Landing</u><br>Lot No. <u>7</u> Block No. _____<br>County <u>Kootenai</u><br><u>1/4</u> Sec. <u>26</u> , T. <u>49</u> , N. <u>4</u> , R. <u>4</u> , W.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                 | N                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                  | W             |                   | E               |               |                |                   | S               |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
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| W                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 | E                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                         |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |
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| S                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                         |                  |               |                   |                 |               |                |                   |                 |                |                 |        |      |    |                        |                |                 |                                                                                                                                                                                                                                                                                                                                                                                                   |   |    |            |  |   |   |    |    |                         |   |  |   |    |    |            |   |  |   |    |    |                     |   |  |   |    |    |                        |   |  |   |    |    |           |   |  |   |    |    |                   |   |  |   |    |    |                         |   |  |   |    |     |                   |   |  |

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

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