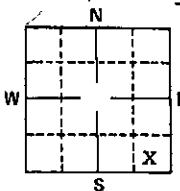


STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>GARY D. MORRIS</u> <u>E. 6140 #1 Houser Lake Road</u> Address <u>Post Falls, ID 83854</u> Owner's Permit No. <u>95-85-N-16</u>		7. WATER LEVEL Static water level <u>30</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ <i>Describe artesian or temperature zones below.</i>																																																																	
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Baller ☒ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ <u>5 GPM - ESTIMATED AIRLIFT</u>																																																																	
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore 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>10</td><td>0</td><td>10</td><td>Sandy clay</td><td></td><td>X</td></tr><tr><td>10</td><td>10</td><td>35</td><td>Granite, decomposed</td><td></td><td>X</td></tr><tr><td>10</td><td>35</td><td>38</td><td>Granite, medium</td><td></td><td>X</td></tr><tr><td>6</td><td>38</td><td>80</td><td>Granite, medium</td><td></td><td>X</td></tr><tr><td>6</td><td>80</td><td>156</td><td>Granite, hard</td><td></td><td>X</td></tr><tr><td>6</td><td>156</td><td>160</td><td>Granite, soft</td><td>X</td><td></td></tr><tr><td>6</td><td>160</td><td>175</td><td>Granite, hard</td><td></td><td>X</td></tr><tr><td colspan="6">160' PVC Liner Installed Liner perforated from 155 to 175</td></tr><tr><td colspan="6">6" Drive shoe installed</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	10	0	10	Sandy clay		X	10	10	35	Granite, decomposed		X	10	35	38	Granite, medium		X	6	38	80	Granite, medium		X	6	80	156	Granite, hard		X	6	156	160	Granite, soft	X		6	160	175	Granite, hard		X	160' PVC Liner Installed Liner perforated from 155 to 175						6" Drive shoe installed					
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																																																			
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <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>39</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>39</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____		Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>39</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																																														
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>KOOTENAI</u> <u>SE</u> ¼ <u>SE</u> ¼ Sec. <u>1</u> , T. <u>51N</u> N/S, R. <u>6W</u> E/W.		10. Work started <u>5/30/85</u> finished <u>5/31/85</u>																																																																	
		11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>PONDEROSA DRILLING</u> Firm No. <u>228</u> <u>E. 6010 Broadway</u> Address <u>Spokane, WA 99212</u> Date <u>5/31/85</u> Signed by (Firm Official) <u>W. Scott Barratt</u> and <u>James M. Doyle</u> (Operator)																																																																	

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

51N06W-01-9200

PANHANDLE HEALTH DISTRICT I APPLICATION AND PERMIT FOR ON-SITE SEWAGE SYSTEM

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

Paid: Cash _____ Check _____ No Fee _____

Fee: _____

Date: _____

Site Eval. # _____

For (name) Gary & Tracie MobbsLegal description of property W. 1/4, S. 1/4, S. 1/4 of Sec. 1, T. 51N, R. 6WLocation Ne corner of Hauser Lake Rd. & Hauser View Rd.N. 8906 Hauser View Rd.Size of lot 10 Acres ft. x _____ ft.

Applicant's signature _____ Applicant is: _____ Owner _____ Other _____

Mailing Address: _____ Phone _____

SITE EVALUATION

Testhole #1 LOWER-MOTTLED FROM 2' TO 8' Testhole #2 UPPER-SANDY LOAM-NO MOTTLED

Testhole #3 _____

Testhole #4 _____

Remarks: TESTHOLE READY

Valid for one year from date: _____ By: _____

Environmental Health Specialist

INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

INDIVIDUAL SEWAGE DISPOSAL PERMIT

Permit # 8144Fee: \$50.00Date: May 29, 1985

PLOT PLAN ATTACHED (show house, other buildings, etc.)

No. Living Units 1 Bedrooms 2 People served 3 Other MOBILE HOME - FUTURESeptic Tank: 1,000 Gallons. Distance to dwelling foundation: 5 ft. min.Well: 50 ft. min. Water Line: 10 ft. min. Surface Water: 50 ft. min.Type of tank: Cement x Other _____Disposal area: Drainfield x Ab. Bed _____ Other _____ Dimensions 150' x 10' near feet

Component separations: Property lines 5 ft. min./Dwelling foundation 20 ft. min./Well 100 ft. min./Surface water 300 ft./min./Neighbor's well 100 ft. min./Septic tank 6 ft. min./Water service lines 25 ft. min./Water suction line 100 ft. min.

Remarks and/or conditions: Community Services Approval #13076-5/29/85

I understand that this permit is non-transferable and is valid for 1 year from date of application. Drainfield must not exceed 4 feet in depth.

Applicant's Signature L. Tracie MobbsMailing address: E 86740-2 Hauser Lake Rd. Post Falls IdahoPlot plan submitted _____ Approved 31 May 85 Disapproved _____Permit issued by R.B. Fuller _____, Environmental Health Specialist

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION 24 HOURS BEFORE COVERING SYSTEM

Inspection: System covered _____ Approved _____ Not approved _____

Inspected by _____ Installed by _____

Remarks _____ Date: _____

MOBBS PIN 51N06W-01-9200

