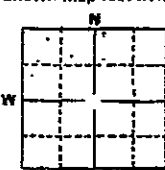


USE TYPEWRITER OR  
BALL POINT PEN

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.

| <b>1. WELL OWNER</b><br>Name <u>Quentin L. Lalapp</u><br>Address <u>P.O. Box 144 Rathdrum Idaho 83858</u><br>Owner's Permit No. <u>95-77-N-162</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |       | <b>7. WATER LEVEL</b><br>Static water level <u>254'6"</u> feet below land<br>Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____<br>Temperature <u>Cold</u> ° F. Quality <u>Good</u><br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                         |                               |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
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| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Other <u>AIR</u><br>Discharge G.P.M. <u>12 gals +</u> Draw Down _____ Hours Pumped _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                               |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type) _____<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |       | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Hole 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>8</td><td>0</td><td>1</td><td>Top Soil</td><td></td><td></td></tr><tr><td></td><td>1</td><td>141</td><td>large GRAY &amp; Small Boulders</td><td></td><td></td></tr><tr><td></td><td>141</td><td>186</td><td>large GRANITE Boulders</td><td></td><td></td></tr><tr><td></td><td>186</td><td>201</td><td>large GRAY &amp; Small DENSE Sand</td><td></td><td></td></tr><tr><td></td><td>201</td><td>255</td><td>Damp Loose Sand</td><td></td><td></td></tr><tr><td></td><td>255</td><td>278</td><td>pac. Gravel</td><td></td><td></td></tr></tbody></table> |                               | Hole Diam.                                                     | Depth |  | Material | Water |  | From | To | Yes | No | 8 | 0 | 1 | Top Soil |  |  |  | 1 | 141 | large GRAY & Small Boulders |  |  |  | 141 | 186 | large GRANITE Boulders |  |  |  | 186 | 201 | large GRAY & Small DENSE Sand |  |  |  | 201 | 255 | Damp Loose Sand |  |  |  | 255 | 278 | pac. Gravel |  |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Material                      |                                                                | Water |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | From  | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               | Yes                                                            | No    |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
| 8                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 0     | 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Top Soil                      |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 1     | 141                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | large GRAY & Small Boulders   |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 141   | 186                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | large GRANITE Boulders        |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 186   | 201                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | large GRAY & Small DENSE Sand |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 201   | 255                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Damp Loose Sand               |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | 255   | 278                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | pac. Gravel                   |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | <div style="text-align: center;"><b>RECEIVED</b><br/>JUN 15 1977<br/>Department of Water Resources<br/>Northern District Office</div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                               |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>8"</u> inches Total depth <u>276'6"</u> feet<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input 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 checked="" type="checkbox"/> Torch<br>Size of perforation <u>14</u> inches by <u>42</u> inches<br>Number _____ From _____ feet To _____ feet<br><u>40</u> perforations <u>256</u> feet <u>276'6"</u> feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<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 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 checked="" type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Sherry pit <input type="checkbox"/> Temporary surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location. <u>95</u><br><br>Subdivision Name <u>Panhandle village</u><br>Lot No. _____ Block No. _____<br>Tract <u>30</u><br>County _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               | <b>10.</b> Work started <u>3/19/77</u> finished <u>3/24/77</u> |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |
| <b>11. DRILLER'S CERTIFICATION</b><br>Firm Name <u>American Drilling</u> Firm No. <u>269</u><br>Address <u>3423 N. Sullivan Rd.</u> Date <u>3/25/77</u><br><u>P.O. Box 14977 SPokane, Washington 99216</u><br>Signed by (Firm Official) _____<br>and _____<br>(Operator)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                               |                                                                |       |  |          |       |  |      |    |     |    |   |   |   |          |  |  |  |   |     |                             |  |  |  |     |     |                        |  |  |  |     |     |                               |  |  |  |     |     |                 |  |  |  |     |     |             |  |  |

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

Attachment "A", Page 1 of 1, Equity Trust Co. FBO W. Burto

Instrument Number

Escrow No.: 6001-25796-JAH

## WARRANTY DEED

FOR VALUE RECEIVED, **DALE F. ROCKWELL AND PAMELA S. ROCKWELL, TRUSTEES OF THE DALE & PAMELA ROCKWELL LIVING TRUST DATED MARCH 25, 2009**, Hereinafter called Grantor, does hereby grant, bargain, sell and convey unto **EQUITY TRUST COMPANY CUSTODIAN FBO WAYNE K. BURTON IRA**, Grantee, whose address is:

P.O. Box 2894

Hayden, ID 83835

the following described premises, County of KOOTENAI, State of IDAHO, to-wit:

TRACT 30, PANHANDLE VILLAGE, ACCORDING TO THE PLAT RECORDED IN BOOK "E" OF PLATS AT PAGE 87, RECORDS OF KOOTENAI COUNTY, IDAHO.

TO HAVE AND TO HOLD the said premises, with their appurtenances unto the said Grantee(s), their heirs and assigns forever, and the said Grantor(s) do(es) hereby covenant to and with the said Grantee(s), that he/she/they is/are the owner(s) in fee simple of said premises; that they are free from all encumbrances EXCEPT CURRENT TAXES AND EASEMENTS OF RECORD OR IN VIEW.

And that he/she/they will warrant and defend the same from all lawful claims whatsoever.

DATED. December 18, 2009

THE DALE & PAMELA ROCKWELL LIVING TRUST DATED  
MARCH 25, 2009

By: Dale F. Rockwell  
DALE F. ROCKWELL, TRUSTEE

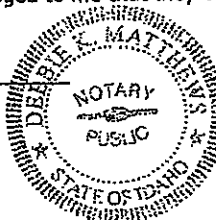
By: Pamela S. Rockwell  
PAMELA S. ROCKWELL, TRUSTEE

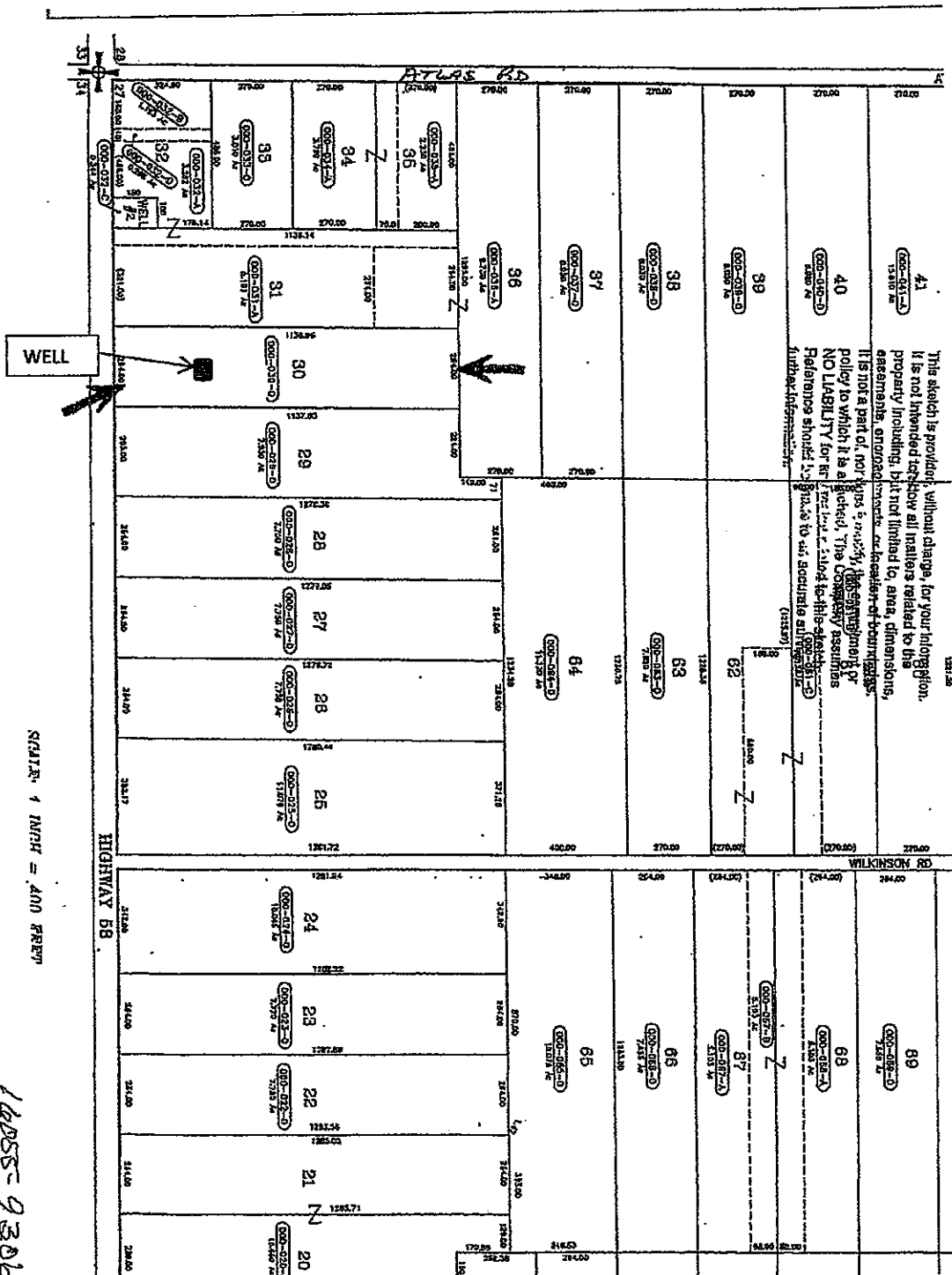
State of Idaho  
County of Kootenai

On this 20<sup>th</sup> day of December, 2009, before me, the undersigned, a Notary Public in and for said State, personally appeared DALE F. ROCKWELL AND PAMELA S. ROCKWELL, who identified to me to be the persons whose names are subscribed to the within instrument as Trustees of the Trust for the benefit of THE DALE & PAMELA ROCKWELL LIVING TRUST, and acknowledged to me that they executed the same as Trustees.

Debbie K. Matthews  
Notary Public in and for said County and State

Residing at: Coeur d'Alene  
Commission Exp: 3/30/11





**DEDICATION**  
 KNOW ALL MEN BY THESE PRESENTS, That Ralph N. Wilkinson and Margie C. Wilkinson, husband and wife, have caused to be platted into tracts and roads the land shown hereon to be known as Panhandle Village, said land being all of Section 27, Township 32 North, Range 4 West of the Boise Meridian in the County of Kootenai and State of Idaho;

The aforesaid persons do hereby dedicate to public use forever the roads as shown hereon. Ownership of the wells hereon designated as No. 1 and No. 2 shall be divided among the tracts as follows: Tracts A, B and 2 thru 17 inclusive shall each have 4% ownership in Well No. 1, Tract 1 shall have 8% ownership in well No. 1. Tracts 18 thru 50 shall each have 3% ownership in Well No. 2, except Tract 32 which shall have 4% ownership. Each of tracts A and B and 1 thru 50 shall be taxed proportionately to its ownership in said Wells 1 and 2. Tracts 51 thru 78 inclusive shall not be allowed to obtain a water supply from the wells hereon designated as Well No. 1 and Well No. 2, and shall be sold only to persons having property adjacent to said tracts and which has frontage on Atlas Road, Ramsay Road or State Highway No. 53. Easements as shown hereon are hereby reserved utility purposes.

IN WITNESS WHEREOF, the aforesaid persons have hereunto affixed their signatures.

*Ralph N. Wilkinson*  
 Ralph N. Wilkinson  
*Margie C. Wilkinson*  
 Margie C. Wilkinson

**ACKNOWLEDGEMENT**

State of Washington } ss  
 County of Spokane }

On this 31st day of October, 1968, before me appeared Ralph N. Wilkinson and Margie C. Wilkinson, to me known to be the persons who executed the within and foregoing instrument and acknowledged said instrument to be their free and voluntary act and deed for the uses and purposes therein mentioned. IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal the day and year first above written.

*[Signature]*  
 Notary Public in and for the State of Washington  
 Residing at Spokane  
 My commission expires March 14, 1972.

**ENGINEER'S CERTIFICATE**

I, J. Paul Ramer, a Registered Civil Engineer, in and for the State of Idaho, do hereby certify that the above described land was surveyed under my supervision and that all lot corners have been set in the field.

*J. Paul Ramer*  
 Registered Civil Engineer No. 1799



**ACKNOWLEDGEMENT**

County of Spokane } ss  
 State of Washington }

Subscribed and sworn to before me this 31st day of October, 1968.

*[Signature]*  
 Notary Public in and for the State of Washington  
 Residing at Spokane  
 My Commission expires March 14, 1972.

**COUNTY SURVEYOR**

I hereby certify that I have examined and approved this plat for filing this 8 day of Dec., 1969. SEE NOTE BELOW:

*[Signature]*  
 Kootenai County Surveyor

**COUNTY PLANNING COMMISSION**

Examined and approved this 29 day of Aug., 1968.

*[Signature]*  
 Planning Director

**COUNTY TREASURER**

I hereby certify that all taxes of record have been paid to this 1st day of January, 1969. Signed this 1st day of Jan., 1969.

*[Signature]*  
 Kootenai County Treasurer

**COUNTY COMMISSIONERS**

Examined and approved this 1 day of Dec., 1969, by Kootenai County Board of Commissioners.

*[Signature]*  
 Clerk  
*[Signature]*  
 Chairman

556761 **COUNTY RECORDER (Plat Filing)**

I hereby certify that this plat was filed for record on page 87 in Book of Plats No. E on this 8 day of Dec., 1969.

Fee \$5.00

*[Signature]*  
 Kootenai County Recorder

**COUNTY RECORDER (Restrictive Covenants Filed)**

I hereby certify that Restrictive Covenants for "PANHANDLE VILLAGE" were presented and filed for record on this 13 day of Dec., 1969, under Recorder's File No. 556761.

*[Signature]*  
 Kootenai County Recorder

**COUNTY HEALTH OFFICER**

Examined and approved this 26 day of March, 1969.

*[Signature]*  
 County Health Officer

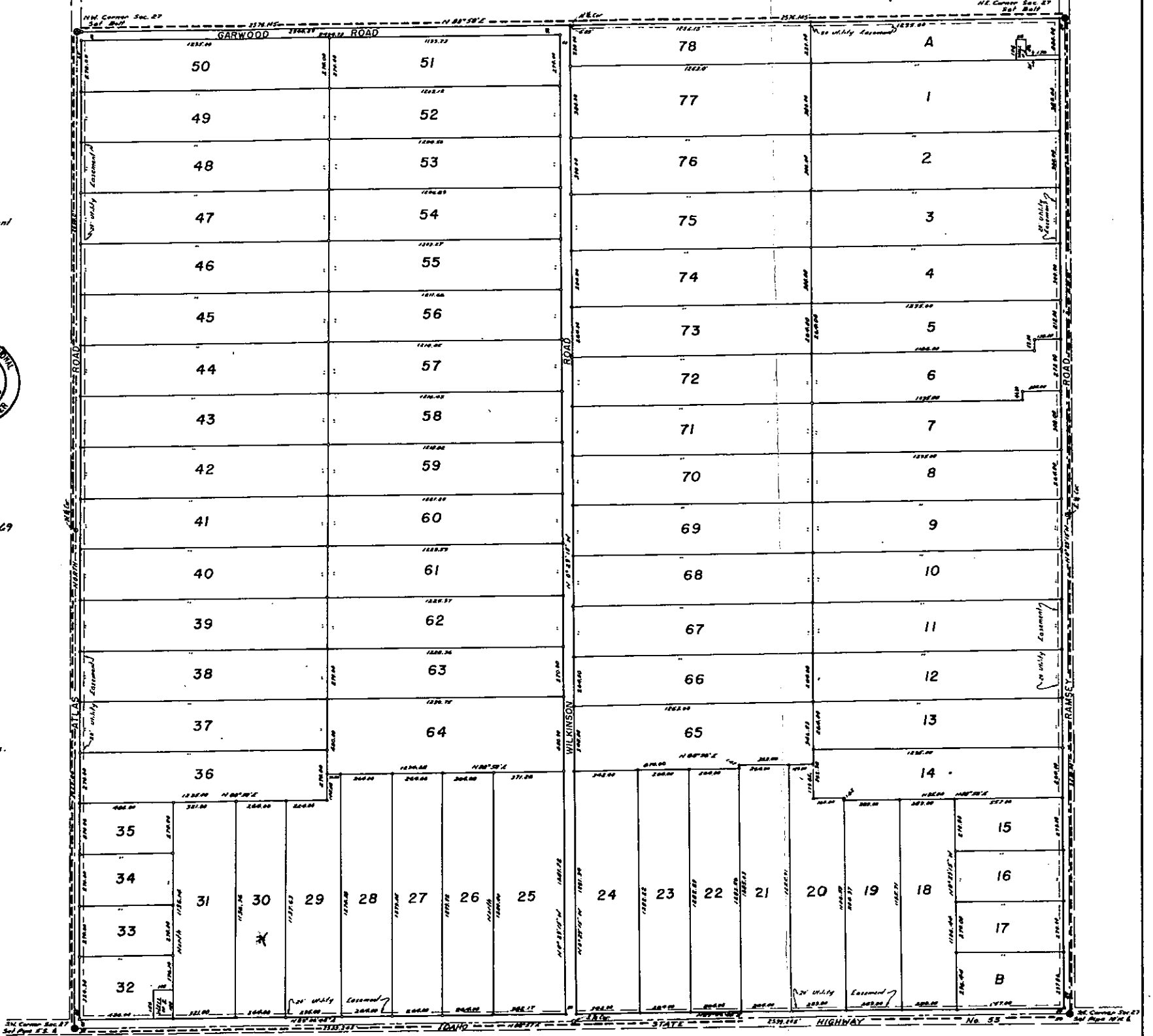
NOTE: SEVERAL TRACTS INCLUDED IN THE ANNEXED PLAT HAVE BEEN PREVIOUSLY DEEDED, WHETHER THE DESCRIPTION GIVEN ON THE RECORDED DEEDS COINCIDE WITH THE PLAT IS NOT KNOWN.

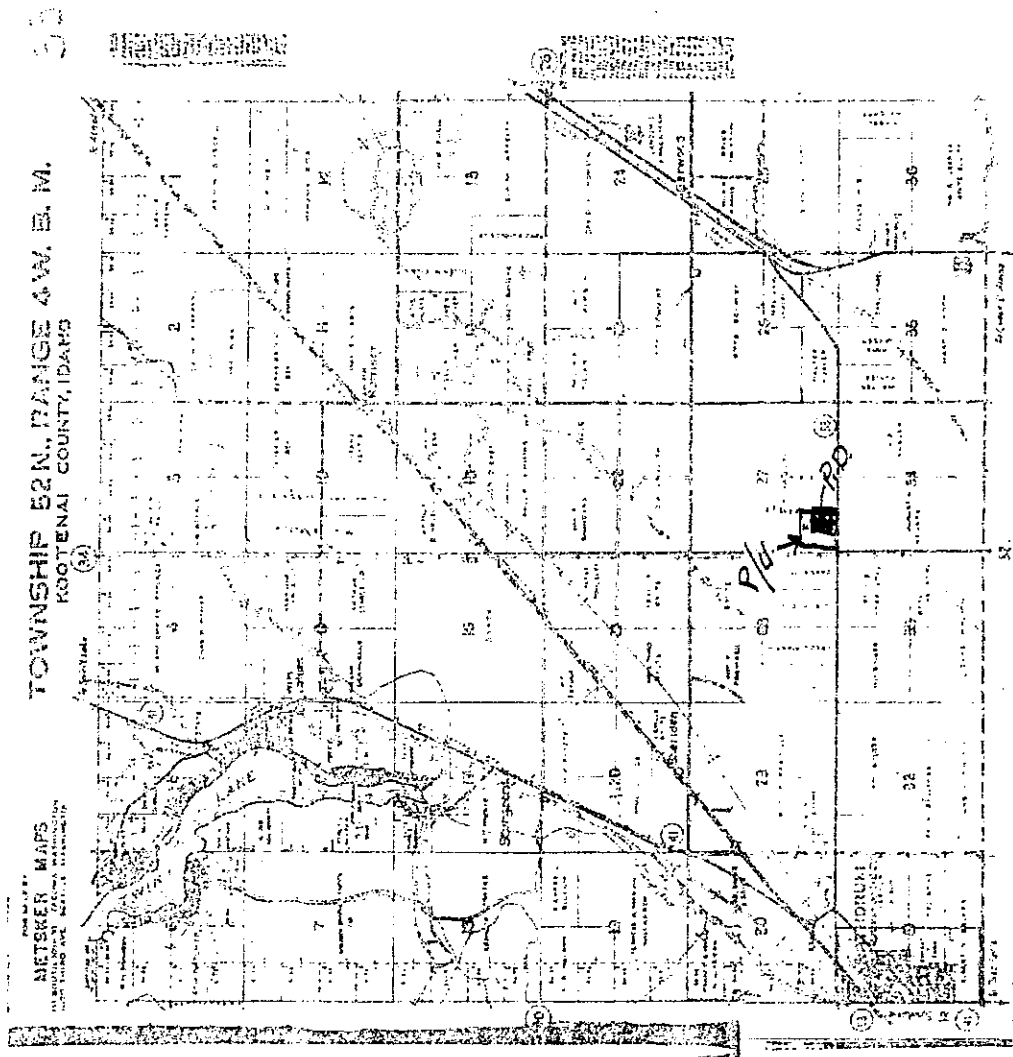
**FINAL PLAT OF PANHANDLE VILLAGE**

A SUBDIVISION OF  
 SEC. 27, T. 52 N., R. 4 W. B.M.  
 KOOTENAI COUNTY, IDAHO

AUGUST, 1968 SCALE 1"=300'

SARGENT, RAMER & ASSOCIATES, INC.  
 CIVIL ENGINEERING & LAND SURVEYING  
 NO. 10115 NEWPORT HIGHWAY  
 SPOKANE, WASHINGTON





Attachment "D", Page 2 of 2, Equity Trust Co. FBO W. Burton