

WILKENS 2006 PIN 0-2640-002-009-0

RECEIVED

JAN 25 2010

IDWR / NORTH



A.		B. TYPE OF LOAN:				
U.S. DEPARTMENT OF HOUSING & URBAN DEVELOPMENT SETTLEMENT STATEMENT		1. ☐ FHA 2. ☐ FmHA 3. ☒ CONV. UNINS. 4. ☐ VA 5. ☐ CONV. INS.				
		6. FILE NUMBER: C61643		7. LOAN NUMBER: 0029663655		
		8. MORTGAGE INS CASE NUMBER:				
C. NOTE: This form is furnished to give you a statement of actual settlement costs. Amounts paid to and by the settlement agent are shown. Items marked "[POC]" were paid outside the closing; they are shown here for informational purposes and are not included in the totals. 1.0 3/98 (C61643.PFD/IC61643/33)						
D. NAME AND ADDRESS OF BORROWER:		E. NAME AND ADDRESS OF SELLER:		F. NAME AND ADDRESS OF LENDER:		
Arnold J. Wilkens Barbara L. Wilkens		Donald C. Carton		Panhandle State Bank 1000 Northwest Blvd. Ste 340 Coeur d Alene, Id 83814		
G. PROPERTY LOCATION: 7284 E. Forest View Drive, Alhol, ID 83801 Kootenai County, Idaho 9/2 Forest View Rec. Tr.		H. SETTLEMENT AGENT: 20-0447514 First American Title Company, Inc. PLACE OF SETTLEMENT 1866 N. Lakewood Drive Coeur d' Alene, Idaho 83814			I. SETTLEMENT DATE: November 30, 2004	
J. SUMMARY OF BORROWER'S TRANSACTION						
K. SUMMARY OF SELLER'S TRANSACTION						
400. GROSS AMOUNT DUE TO SELLER:						
401. Contract Sales Price						
402. Personal Property						
403.						
404.						
405.						
Adjustments For Items Paid By Seller in advance						
406. City/Town Taxes to						
407. County Taxes to						
408. Assessments to						
409.						
410.						
411.						
412.						
420. GROSS AMOUNT DUE TO SELLER						
500. REDUCTIONS IN AMOUNT DUE TO SELLER:						
501. Excess Deposit (See Instructions)						
502. Settlement Charges to Seller (Line 1400)						
503. Existing loan(s) taken subject to						
504.						
505.						
506.						
507.						
508.						
509.						
Adjustments For Items Unpaid By Seller						
510. City/Town Taxes to						
511. County Taxes to						
512. Assessments to						
513.						
514.						
515.						
516.						
517.						
518.						
519.						
520. TOTAL REDUCTION AMOUNT DUE SELLER						
600. CASH AT SETTLEMENT TO/FROM SELLER:						
601. Gross Amount Due To Seller (Line 420)						
602. Less Reductions Due Seller (Line 520)						
603. CASH (X TO) (FROM) SELLER						

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

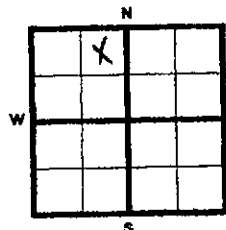
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	Long		

1. WELL TAG NO. D0035538
Drilling Permit No: 825164
Other IDWR No. _____

2. OWNER Well Number: 840
Name Carton, Donnie c/o IHC
Address 470873 Hwy 95

City Sagle State DI Zip 83860

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 53 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 03 1/4 NE 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site Forest View Drive
City Athol

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement, etc.)

☐ New Well ☒ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) RB

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner Welded	Threaded
6	+2	458	.250	Steel	☒	☐	☒

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

350 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
45			4hrs

Water Temp. Cold Bottom Hole Temp Cold

Water Quality test or comments: Slight Grey/Gm

Depth first Water encountered 350

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	404	458	Course Sands&Gravels w/grey-grn silt	☒	☐
RECEIVED OCT 15 2004 IDWR/North					
Completed Depth <u>458</u> (Measurable)					
Date: Started <u>10/5/2004</u> Completed <u>10/8/2004</u>					

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards
were complied with at the time the rig was removed.

Firm Name H2O WellService Inc. Firm No. 448

Firm Official Mark Penick Date 10-14-04

and
Supervisor or Operator _____ Date 10/08/04

Mark Penick
(Sign Once If Firm Official and Operator)

53 ~ 3W 3

7/98

Starships Consulting and
Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat	:	:	Long
:	:	:	:

1. WELL TAG NO. D0035345Drilling Permit No: 823666

Other IDWR No. _____

2. OWNER

Well Number: _____

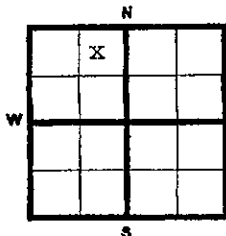
Name Carton, Donnie c/o Independence Ho

807

Address 470873 Hwy 95City Sagle State ID Zip 83860

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 53 ☒ North or ☐ SouthRge. 03 ☐ East or ☒ WestSec. 03 1/4 NE 1/4 NW 1/4Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site Forest View DriveCity Athol

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement, etc.)

☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	600 lbs	Overbore

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) RBWas drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	402	.250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

350 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10+			3hrs

Water Temp. Cold Bottom Hole Temp ColdWater Quality test or comments: Slight grey w/silDepth first Water encountered 350

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	2	Top Soil	☐	☒
8	2	34	Cobbles, Gravels Sand	☐	☒
8	34	71	Course Sand	☐	☒
8	71	112	Course Gravels	☐	☒
8	112	115	Boulder	☐	☒
8	115	234	Course Gravels	☐	☒
8	234	283	Course Sand	☐	☒
8	283	310	Gravels w/sand 3/8minus	☐	☒
8	310	404	Gravels w/sand 3/4minus	☒	☐

RECEIVED
SEP 08 2004
IDWR/North

Completed Depth 404 (Measurable)Date: Started 8/17/2004 Completed 8/19/2004

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O WellService, Inc. Firm No. 448Firm Official Mark Penick Date 08/20/04and Supervisor or Operator Mark Penick Date 08/20/04

Mark Penick (Sign Once as Firm Official and Operator)

53 N 3w 3