

ELEVATION CERTIFICATE

OMB No. 1660-0008
Expires February 28, 2009

Important: Read the instructions on pages 1-8.

SECTION A - PROPERTY INFORMATION		For Insurance Company Use:
A1. Building Owner's Name Robert Lackey		Policy Number
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 5402 Squaw Bay Rd.		Company NAIC Number
City Coeur D'Alene State ID ZIP Code 83815		

A3. Property Description (Lot and Block Numbers, Tax Parcel Number, Legal Description, etc.)
Lot 5, Block 3, Sunset Cove

A4. Building Use (e.g., Residential, Non-Residential, Addition, Accessory, etc.) Residential

A5. Latitude/Longitude: Lat. 47°37'15.5" Long. 116°44'28.0"

Horizontal Datum: ☐ NAD 1927 ☒ NAD 1983

A6. Attach at least 2 photographs of the building if the Certificate is being used to obtain flood insurance.

A7. Building Diagram Number 8

A8. For a building with a crawl space or enclosure(s), provide

- a) Square footage of crawl space or enclosure(s) 607 sq ft
b) No. of permanent flood openings in the crawl space or enclosure(s) walls within 1.0 foot above adjacent grade 0
c) Total net area of flood openings in A8.b 0 sq in

A9. For a building with an attached garage, provide:

- a) Square footage of attached garage _____ sq ft
b) No. of permanent flood openings in the attached garage walls within 1.0 foot above adjacent grade _____
c) Total net area of flood openings in A9.b _____ sq in

SECTION B - FLOOD INSURANCE RATE MAP (FIRM) INFORMATION

B1. NFIP Community Name & Community Number 160076		B2. County Name Kootenai		B3. State Idaho	
B4. Map/Panel Number 0190	B5. Suffix D	B6. FIRM Index Date March 1, 1982	B7. FIRM Panel Effective/Revised Date September 28, 1984	B8. Flood Zone(s) A	B9. Base Flood Elevation(s) (Zone AO, use base flood depth) 2135.5

B10. Indicate the source of the Base Flood Elevation (BFE) data or base flood depth entered in Item B9.

☐ FIS Profile ☐ FIRM ☒ Community Determined ☐ Other (Describe) _____

B11. Indicate elevation datum used for BFE in Item B9: ☒ NGVD 1929 ☐ NAVD 1988 ☐ Other (Describe) _____

B12. Is the building located in a Coastal Barrier Resources System (CBRS) area or Otherwise Protected Area (OPA)? ☐ Yes ☒ No
Designation Date _____ ☐ CBRS ☐ OPA

SECTION C - BUILDING ELEVATION INFORMATION (SURVEY REQUIRED)

- C1. Building elevations are based on: ☐ Construction Drawings* ☐ Building Under Construction* ☒ Finished Construction
*A new Elevation Certificate will be required when construction of the building is complete.
- C2. Elevations - Zones A1-A30, AE, AH, A (with BFE), VE, V1-V30, V (with BFE), AR, AR/A, AR/AE, AR/A1-A30, AR/AH, AR/AO. Complete Items C2.a-g below according to the building diagram specified in Item A7.

Benchmark Utilized USGS-WSP 882 Elev. = 2157.40 Vertical Datum NAVD 29

Conversion/Comments _____

Check the measurement used.

- a) Top of bottom floor (including basement, crawl space, or enclosure floor) 2147.42 ☒ feet ☐ meters (Puerto Rico only)
b) Top of the next higher floor 2152.07 ☒ feet ☐ meters (Puerto Rico only)
c) Bottom of the lowest horizontal structural member (V Zones only) _____ ☐ feet ☐ meters (Puerto Rico only)
d) Attached garage (top of slab) _____ ☐ feet ☐ meters (Puerto Rico only)
e) Lowest elevation of machinery or equipment servicing the building 2147.42 ☒ feet ☐ meters (Puerto Rico only)
(Describe type of equipment in Comments)
f) Lowest adjacent (finished) grade (LAG) 2149.8 ☒ feet ☐ meters (Puerto Rico only)
g) Highest adjacent (finished) grade (HAG) 2151.9 ☒ feet ☐ meters (Puerto Rico only)

SECTION D - SURVEYOR, ENGINEER, OR ARCHITECT CERTIFICATION

This certification is to be signed and sealed by a land surveyor, engineer, or architect authorized by law to certify elevation information. I certify that the information on this Certificate represents my best efforts to interpret the data available. I understand that any false statement may be punishable by fine or imprisonment under 18 U.S. Code, Section 1001.

☐ Check here if comments are provided on back of form.

Certifier's Name Matthew B. Mayberry, PLS

License Number: 8962

Title CEO, PLS

Company Name ATS, inc.

Address p.o. box 3457

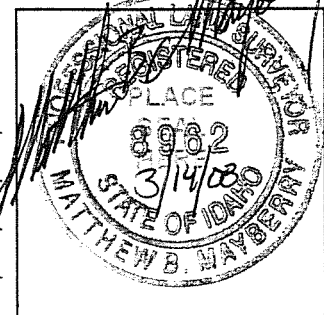
City Hayden

State: ID ZIP Code: 83835

Signature Matthew B. Mayberry

Date 03/14/08

Telephone : 208-772-2745



SCANNED

OCT 26 2009

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0040720

DRILLING PERMIT NO. 836342

Water Right or Injection Well No. _____

2. OWNER:

Name Robert Lackey

Address P.O. Box 521

City Post Falls State Id. Zip 83877

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 49 North ☒ or South ☐

Rge. 3 East ☐ or West ☒

Sec. 4 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County Kootenai

Lat: _____ Long: _____

Address of Well Site 5402 Squaw Bay rd.

City Coeur d'Alene

(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>19</u>	<u>200 lbs</u>	<u>overbore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 19'

Was drive shoe seal tested? ☒ Y ☐ N How? air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+1</u>	<u>-19</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4"</u>	<u>-7</u>	<u>-277</u>	<u>220</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Sawcut

Screen Type & Method of Installation N/A

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>207</u>	<u>277</u>	<u>1/8x6</u>	<u>210</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK N/A

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

28 ft. below ground Artesian pressure _____ lb.

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

6" Bolted Well Cap

49N 3W 4

Office Use Only	
Well ID No.	_____
Inspected by	_____
Twp _____ Rge _____ Sec _____	
1/4 _____ 1/4 _____ 1/4 _____	
Lat: _____ : _____	Long: _____ : _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>7 1/2</u>			

Water Temp. Cool Bottom hole temp. Cool

Water Quality test or comments: Good

Depth first Water Encounter 70'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>19</u>			
<u>6</u>	<u>19</u>	<u>277</u>			
	<u>0</u>	<u>14</u>	<u>Soft Brown shale</u>		
	<u>14</u>	<u>45</u>	<u>Firm Brown & Grey shale</u>		
	<u>45</u>	<u>72</u>	<u>Hard Grey shale</u>	☒	
	<u>72</u>	<u>79</u>	<u>Broken Grey shale</u>		
	<u>79</u>	<u>200</u>	<u>Hard Grey shale with fractures</u>	☒	
	<u>200</u>	<u>277</u>	<u>Hard Grey shale</u>		

RECEIVED
OCT 28 2005
IDWR/North



**AQUA DRILLING
& EXPLORATION INC.**
PO BOX 2850
HAYDEN, ID 83835-2850

Completed Depth 277' (Measurable)

Date: Started 9-27-05 Completed 9-28-05

14. DRILLER'S CERTIFICATION

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

Company Name AQUA DRILLING & EXPLORATION INC. Firm No. 163

Principal Driller Scott M. Braun Date _____

and Driller or Operator II Wayne Miller Date 9-28-05

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES