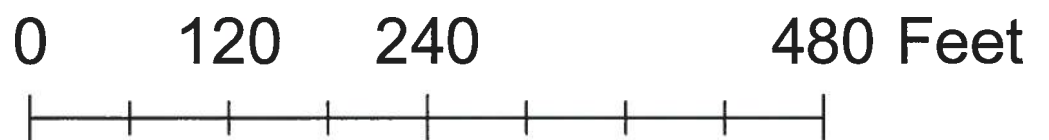


DRAPER MAP



Legend

-  Claim POD
-  Claim POU



J&D Pumps LLC

Jason Carman Dan Usdrowski
208-818-6065 208-755-5941
17446 E. Black Lake Rd.
St. Maries, ID 83861
Fax: 208-664-5699



Well Pump and Water Line Installation Services
New Installations and Repair/Replacement Services

Idaho License RCE-30274

Insured

Water System Estimate For Cindy and Lee Draper, Benewah Rd. Date: 5/10/11

Item	Unit	Qty	Unit Cost	Total
This estimate is for the installation of a Flint and Walling submersible pump and all components for a complete water system. The pump will provide 15 gallons per minute of water at the top of the well and will be set on 1 1/4" galvanized drop pipe set on a pitless adapter. The interior components of the system will include a 80 gallon pressure tank, pressure switch, control box, and misc. connection piping. This estimate does not include the water line installation from the well head to the house or connection of the pressure tank piping to the interior plumbing within the house. As discussed the waterline installation will be installed on a time and material basis.				
Material and Services				
1.0 hp Flint and Walling Pump with Control Box, Includes a 5 yr limited warrantee on pump				
315' of 1 1/4" galvanized drop pipe, The will allow a pump set at approximately 324' below surface				
1 1/4" Pitless adapter to hang drop pipe on, Owner to supply excavation for this as well head				
10/3 with ground twisted pump wire from well head to pump				
Installation of pump, drop pipe, wire, pitless adapter, well cap				
80 gallon pressure tank, tank tee, pressure switch, and two check valves for drop pipe				
Others to complete electrical connections at control box, pressure switch, and well head				
			Total Cost	\$5,300

Well system installed on
5/11/11. Pd in full (\$5,300)
on 5/11/11.

Dan Usdrowski 5/11/11
Cynthia L Draper 5/11/11

POSTED

11. WELL TESTS:

☐ Pump ☐ Bailer

☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
815	Blows	By	Plr

Water Temp. cold Bottom hole temp. cold

Water Quality test or comments: _____

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Twp. 45 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 20 NE 1/4 50 1/4 SW 1/4
Gov't Lot _____ County BENNEHAN
Lat: : : Long: TRACT #20

Address of Well Site 1/2 WAY BETWEEN PLUMMER

4 TENSED GLENETH RD APPROX 3M City PLUMMER
(Give at least name of road + Distance to Road or Landmark)

11. Blk. _____ Sub. Name _____

4. USE:

USE:

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

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

5. TYPE OF WORK (check all that apply)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

7. SEALING PROCEDURES				METHOD
SEAL/FILTER PACK			AMOUNT	
Material	From	To	Sacks or Pounds	
Bentonite	19	20	400 LB	Trimming

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 20
Was drive shoe seal tested? ☒ Y ☐ N How? Pound

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	x1	20	250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

9. PERFORATIONS Method Drill
☐ Screens Screen Type ✓

From	To	Slot Size	Number	Diameter	Material	Casing	Line
20	350	3/8	80	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

10. STATIC WATER LEVEL CHARTING
80 ft. below ground Artesian pressure lb.
 Depth flow encountered ft. Describe access port or
 control devices:

control devices:
45N 4W 20 NE SE SW
FORWARD WHITE COP

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

RECEIVED

~~MAY 5 1998~~

~~NORTHERN REGION~~
~~IDWR~~

Completed Depth 350 (Measurable)
Date: Started 5-2-98 Completed 5-3-98

13. DRILLER'S CERTIFICATION

13. DRILLER'S CERTIFICATION
We certify that all minimum well construction standards were complied with the time the rig was removed.

Firm Name PRECISION DRILLING Firm No. 55

Firm Official Jana D. Casanova Date 5-2-91

and
Supervisor or Operator [Signature] Date 5-3-98
(Sign once if Firm Official & Operator)

(Sign once if Firm Official & Operator)