

Idaho Dept. of Water Resources

Write Tag Number Here

Start Card/Permit - Single Family Domestic Well Only

Doo 39912

(Cold Water less than 85 degrees F.)

1. Owner's Name (please print): Teresa Engle
 2. Owner's Mailing Address: P.O. Box 97
 City: Fairfield State: Wash Zip Code: 99012 Telephone: (509) 283-2332
 3. Proposed Well Location: Twp. 46N, Rge. 1E, Sec. 19, 1/4 NW 1/4 SW 1/4
 Gov't Lot No. _____ County Benzonah Lat. _____ : _____ : _____ Long. _____ : _____ : _____
 Street Address of Well Site 8850 2-miles west St. Joel City City St. Maries
 Must give at least name of road + Distance to Road or Landmark

Lot _____ Block _____ and Subdivision _____

4. Are all adjacent septic tanks and drain fields accurately located? By Property Owner: Yes ☒ No ☐ By Health District: Yes ☐ No ☒

5. Well Construction Information:

A. ☒ New well ☐ Replace ☐ Deepen ☐ Modify Previous well #: _____ B. Proposed Casing Dia. 6" C. Proposed Maximum Depth: 150'
 6. Construction Start Date: 3/24/05 7. Well Driller: All-Ways Drilling Inc Driller's Lic. No. 510
 8. The Driller hereby accepts the terms and conditions of the Start Card/Permit.
 Driller's Signature: Stan K. Wolfe Date: 3/24/05
 9. The Well Owner affirms to have read this Start Card/Permit, validates its accuracy and accepts the conditions.
 Owner's Signature: Teresa Engle Date: 3/18/05

CONDITIONS FOR USE OF START CARD:

1. This permit authorizes the construction or modification of one domestic well for a single-family residence. No additional residences, businesses, or dwellings may be connected to this well without a valid water right.
2. This form must be complete, including the prepaid tag number and signature of the driller. The owner should sign the start card after reviewing these conditions. Mailing must take place no less than 72 hours prior to construction (Dept. address below), hand delivered or faxed to the Dept. prior to commencing construction. The start construction date shall be no more than 10 days after, the Department receives the permit. An incomplete form will not be considered a valid permit to drill.
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare. All wells must be drilled a minimum distance of 100' from a drain field. Domestic wells must be drilled a minimum of 50' from a septic tank.
4. Only Well Drillers licensed in Idaho may use a Start Card for construction of a well. The driller shall maintain a copy of the Start Card and the well I.D tag at the drilling site during construction.
5. This drilling permit does not authorize trespass on the land of another party.
6. This drilling permit does not constitute other local, county, state or federal approvals, which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85° F. or greater is encountered, well construction shall cease and the well driller shall contact the Department immediately.
9. Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Digline is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Digline" Number for your area is 1-800-342-1585.
10. The stainless steel I. D. tag must be welded to the well casing upon completing the well and must remain permanently attached above ground level for the life of the well. Other tags may be added following a repair or modification of the well. The well driller is responsible for permanently attaching the I.D. tag to the casing upon completing the well. The well tag shall be attached by welding at least 3 sides or using Four (4) stainless steel, closed-end pop rivets.
11. A start card is not valid for drilling in Areas of Drilling Concern, Critical Groundwater Areas, Groundwater Management Areas or Areas Identified by the Department as Contaminated.
12. The possession of a well tag does not authorize construction of a well.
13. Any well being replaced by a new well, shall be properly abandoned by the well driller prior to removing the drilling equipment, unless otherwise authorized by the department.

Effective June 1, 2004

Your Start Card/Application and Tag purchase may be submitted to one of the following offices:

Western Region

Idaho Department of Water Resources
 2735 Airport Way Boise, ID 83705-5082
 Phone: (208) 334-2190 Fax: (208) 334-2348

Northern Region

Idaho Department of Water Resources
 1910 Northwest Blvd., STE 210 Coeur d'Alene, ID 83814-2615
 Phone: (208) 769-1450 Fax (208) 769-1454

Eastern Region

Idaho Department of Water Resources
 900 North Skyline Drive STE A Idaho Falls, ID 83402-1718
 Phone: (208) 525-7161 Fax: (208) 525-7177

Southern Region

Idaho Department of Water Resources
 1341 Fillmore Street, STE 200 Twin Falls, ID 83301-3380
 Phone: (208) 736-3033 Fax (208) 736-3037

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 0039912
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Teresa Engle
 Address PO Box 97
 City Fairfield State WA Zip 99012

3. LOCATION OF WELL by legal description:

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

Twp. 46 North ☒ or South ☐
 Rge. 19 East ☒ or West ☐
 Sec. 19 1/4 1/4 SW 1/4
 Gov't Lot _____
 County Beneva 10 acres 40 acres 160 acres
 Lat: _____ Long: _____

Address of Well Site _____
 City St Maries
 (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>20</u>	<u>25 lb</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 113'
 Was drive shoe seal tested? ☒ Y ☐ N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+2</u>	<u>-113</u>	<u>280</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

20 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 30 ft. Describe access port or control devices: cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>1007</u>			<u>2 hrs</u>

Water Temp. 51° Bottom hole temp. _____

Water Quality test or comments: clear no odor

Depth first Water Encounter 30

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
	<u>0</u>	<u>3</u>	<u>over burden</u>		
	<u>3</u>	<u>30</u>	<u>Broken shale</u>		
	<u>30</u>	<u>35</u>	<u>Hard Shale</u>		
	<u>35</u>	<u>60</u>	<u>Broken Shale</u>		
	<u>60</u>	<u>125</u>	<u>Broken Shale</u>		

Completed Depth 125 (Measurable)
 Date: Started 3/21/05 Completed 3/23/05

14. DRILLER'S CERTIFICATION

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

Company Name Allways Drilling Inc Firm No. 510
 Principal Driller Stanley & Wolfe Date 4/4/05
 and Donald F. M... Date 4/4/05
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

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