

9/29/98 10/26/98 cm

Form 238-7
11/97

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

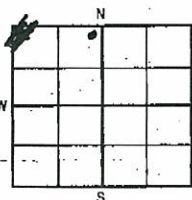
Office Use Only	
Inspected by <u>KK</u>	
Twp <u>45N</u> Rge <u>2W</u> Sec <u>4</u>	
1/4 1/4 1/4	
Lat: : : Long: : :	

1. WELL TAG NO. D 0005337
DRILLING PERMIT NO. 92-98-N-26
Other IDWR No. _____

2. OWNER:
Name Delbert Yearout
Address Box 285 E
City St. Maries State ID Zip 83861

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 45 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 4 NE 1/4 NW 1/4
Gov't Lot _____ County Benedict
Lat: _____ Long: _____
Address of Well Site 290 Rockridge
City St. Maries

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		
<u>Bentonite</u>	<u>D</u>	<u>48</u>	<u>300 pds.</u>	<u>Asured</u>	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 48 ft.
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>+1</u>	<u>48</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

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:

60 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
<u>Est. 25-30 GAL. Min.</u>			

Water Temp. cold Bottom hole temp. cold
Water Quality test or comments: good
Depth first Water Encounter 110

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>3</u>	<u>Top Soil</u>		☒
<u>8</u>	<u>3</u>	<u>22</u>	<u>Gray Clay</u>		☒
<u>8</u>	<u>22</u>	<u>30</u>	<u>Orange clay</u>		☒
<u>8</u>	<u>30</u>	<u>45</u>	<u>gray clay</u>		☒
<u>8</u>	<u>45</u>	<u>48</u>	<u>Basalt</u>		☒
<u>6</u>	<u>48</u>	<u>110</u>	<u>hard Basalt</u>		☒
<u>6</u>	<u>110</u>	<u>130</u>	<u>Fractured Basalt</u>	☒	
<u>6</u>	<u>130</u>	<u>170</u>	<u>hard Basalt</u>		☒
<u>6</u>	<u>170</u>	<u>175</u>	<u>Fractured Basalt</u>	☒	
<u>6</u>	<u>175</u>	<u>180</u>	<u>Broken Basalt</u>	☒	

RECEIVED

SEP 18 1998

NORTHERN REGION
IDWR

Completed _____ Depth 180 ft. (Measurable)
Date: Started 9/10/98 Completed 9/10/98

13. DRILLER'S CERTIFICATION

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

Company Name Precision Drilling Firm No. 0558
Firm Official [Signature] Date 9/10/98
and
Driller or Operator [Signature] Date 9/10/98
(Sign once if Firm Official & Operator)

45 N 2 W 4

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED
DEC 02 2010

Letter of Credit for Diann E. Hart

From: **Kiele, Karina** (Karina.Kiele@avistacorp.com)

Sent: Tue 11/16/10 8:20 AM

To: DECHEY15@HOTMAIL.COM

Date: 11-16-2010

Avista Utilities

PO Box 3727

Spokane, Washington 99220-3727

1-800-227-9187

Re: Letter of Credit for Diann E. Hart

Customer New Address:

Customer New Account Number:

We are happy to provide the following credit history per our customer's request:

- " Customer Name: Diann E. Hart
- " Service Address: 290 STONEY RIDGE LN SAINT MARIES ID 83861
- " Service Type: Electric
- " Dates of Service: 11-14-1997 to present
- " Number of Delinquent Notices the Last 12 Months: 0
- " Number of Non-Payment Disconnects the Last 12 Months: 0
- " Unpaid Past Due Balance: No

Comments:

We appreciate the opportunity to assist you.

Sincerely,

Avista Utilities Customer Service Team

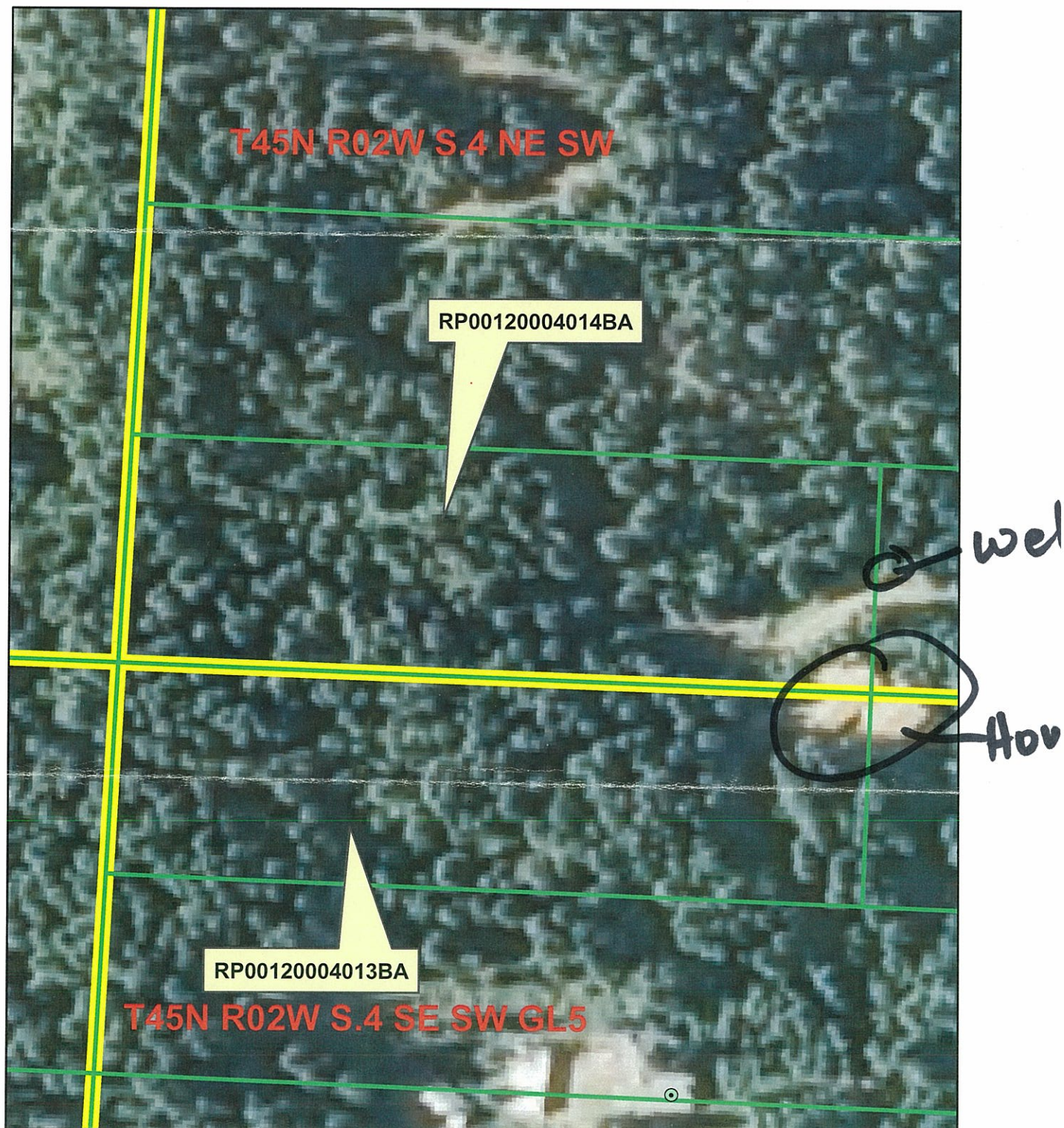
Fax 509-777-9506

Telephone 800-227-9187

SCANNED

DEC 02 2010

YEAROUT PIN



SCANNED
DEC 02 2010