

FIRST
DRIVER

WELL NOT MOVE

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

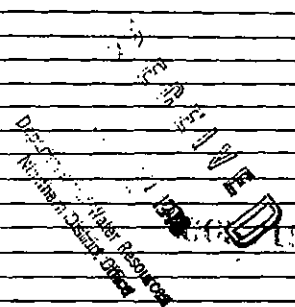
USE TYPEWRITER OR
BALLPOINT PEN



State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>E. William Bowen</u> Address <u>St. Maries, ID 83861</u> Owner's Permit No. <u>91-28-N-2</u>	7. WATER LEVEL Static water level <u>100</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow <u>5 - Airlift</u> Temperature _____ °F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug																																																				
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning) _____	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Other Estimated Airlift <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Drawdown</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>5 gpm</td><td></td><td></td></tr></tbody></table>	Discharge G.P.M.	Drawdown	Hours Pumped	5 gpm																																																
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection	9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6</td><td>0</td><td>1</td><td>Top Soil</td><td></td><td></td></tr><tr><td></td><td>1</td><td>6</td><td>Wet Brown Clay</td><td></td><td></td></tr><tr><td></td><td>6</td><td>10</td><td>Brown Hard Pan Clay</td><td></td><td></td></tr><tr><td></td><td>10</td><td>36</td><td>Broken Basalt</td><td></td><td></td></tr><tr><td></td><td>36</td><td>65</td><td>Honeycomb Basalt</td><td></td><td></td></tr><tr><td></td><td>65</td><td>145</td><td>Broken Basalt</td><td></td><td></td></tr><tr><td></td><td>145</td><td>217</td><td>Hard Broken Basalt</td><td></td><td></td></tr></tbody></table>	Hole Diam.	Depth		Material	Water		From	To	Yes	No	6	0	1	Top Soil				1	6	Wet Brown Clay				6	10	Brown Hard Pan Clay				10	36	Broken Basalt				36	65	Honeycomb Basalt				65	145	Broken Basalt				145	217	Hard Broken Basalt		
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																					
5. WELL CONSTRUCTION Diameter of hole <u>6"</u> inches Total depth <u>217'</u> feet Casing schedule: ☒ Steel ☐ Concrete <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6"</u> inches</td><td><u>+1</u> feet</td><td><u>19</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>19</u> Material used in seal: ☐ Cement grout ☒ Benntonite Slurry ☐ Pudding clay ☐ Well cuttings Sealing procedure used: ☐ Slurry pit ☒ Temporary surface casing ☐ Overbore to seal depth	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6"</u> inches	<u>+1</u> feet	<u>19</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet																	
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6. LOCATION OF WELL Sketch map location must agree with written location. <u>91</u> <table border="1"><tr><td>N</td><td></td><td></td></tr><tr><td>W</td><td>X</td><td>E</td></tr><tr><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td></tr></table> Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Benewah</u> <u>NE 1/4 NE 1/4 Sec. 19, T. 46N N/S, R. 2E E/W</u>	N			W	X	E				S			10. Work started <u>5/30/78</u> finished <u>5/31/78</u>																																								
N																																																					
W	X	E																																																			
S																																																					
	11. DRILLERS CERTIFICATION Firm Name <u>Carman Development Co.</u> Firm No. <u>228</u> <u>E. 6010 Broadway</u> Address <u>Spokane, WA 99206</u> Date <u>6/5/78</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>[Signature]</u>																																																				

this DRILL
Pumped DRY
AND ANOTHER
DRILL IN
SAME WELL
WAS DONE
TO 450 feet
5 GALLON A
MINUTE WAS
GOT FOR
USE -



- #2 Date well water 1st used For DOMESTIC Purposes
- #3 WELL = GROUNDWATER
- #4 REFER TO YELLOW Legal Descript. on map (Also #9 on page 2)
- #4 Parcel (PIN) on County Tax statement
- #5 INCLUDE Owners Permit No. From Drillers Report.
- #6 DOMESTIC 1/1 to 12/31 .04 cfs
STOCKWATER 1/1 to 12/31 .02 cfs

#14
Beneficial
Use
Ignore next
2 lines until
#15

Legal
Description
on Well
Record is
WRONG.

Use for
Well (Ground
water)
DOMESTIC
\$
STOCK CLAIM
\$25 check to FWR

Mr. and Mrs. BOWEN:

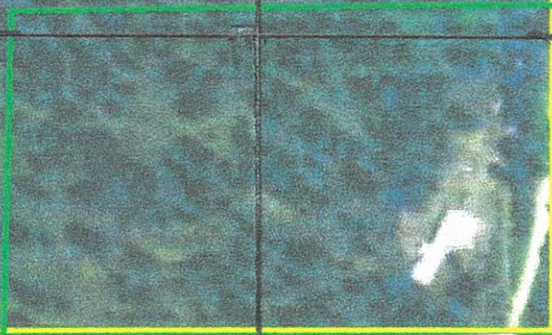
- ① Please mark location of well using a dark, heavy duty marker or pen with an 'X' for the well location labeled 'WELL'. Please circle the area where well water is used for DOMESTIC use and label as 'DOMESTIC'.
- ② Please attach to Claim.

BOWEN PIN RP46N02W199001A





T46N R02W S.19 SE SE



BENEWAH COUNTY ASSESSOR
701 W COLLEGE AVE SUITE 104
ST MARIES ID 83861

ASSESSMENT NOTICE

PARCEL DESCRIPTION:
S19 T46N R2W
SESE EXCEPT TAX #525

For any questions, please notify
the Assessor's office immediately.
Assessor's telephone#: (208) 245-2821

PARCEL ADDRESS:
699 WAGON WHEEL ROAD 83861

BOWEN ELMER W
BOWEN MARY M
699 WAGON WHEEL RD
ST MARIES ID 83861

Appeals of your property value must
be filed in writing on a form provided
by the County, by:
JUNE 28, 2010

Tax Code Area: 26-0000

Parcel Number: RP46N02W199001 A

ASSESSED VALUE OF YOUR PROPERTY

CATEGORY AND DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
7 FORESTLAND BARE	34.000 AC	2,559	2,559
10 RURAL HOMESITE	1.000 AC	15,500	15,500
32 RURAL NON RES BLDG		410	1,120
SUBTOTAL:		18,469	19,179
LESS HOMEOWNERS EXEMPTION:		7,750	7,750
NET TAXABLE PROPERTY VALUE:		10,719	11,429

TAXING DISTRICT INFORMATION

TAXING DISTRICTS	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
STATE		No Response
COUNTY	208-245-2234	08/23/2010
SCH #41	208-245-2579	06/14/2010
SCH #41 SUPP		No Response
SCH #41 OTHER		No Response
SCH #41 EMERGEN		No Response
ROAD	208-245-2234	08/23/2010
S M RURAL FIRE	208-245-5253	08/12/2010
LIBRARY	208-274-3002	08/11/2010

To get an estimate of
your property tax, use
the Tax Estimator at
tax.idaho.gov

THIS IS NOT A BILL. DO NOT PAY.

MAKE CHECK PAYABLE TO:
BENEWAH COUNTY TREASURER
701 W. COLLEGE AVE STE #103
ST MARIES, ID 83861
1-208-245-2421

2009 TAX BILL/RECEIPT

BILL# 11024
CODE AREA 26-0000

PARCEL NUMBER
RP46N02W199001A

L 18,059
I 410

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV	
TAX	51.86	TAX	51.86	TAX	123.72	HM-	7,750
LATE		LATE		LATE		NET MV	10,719
INT		INT		INT		TOT ACS	35.000
COST		COST		COST			
TOT		TOT		TOT			

BOWEN ELMER W
BOWEN MARY M
699 WAGON WHEEL RD
ST MARIES ID 83861

S19 T46N R2W
SESE EXCEPT TAX #525

699 WAGON WHEEL ROAD 83861

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***

TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.

TAXING DISTRICT	RATE	
STATE	.000000000	
COUNTY	.003814250	40.88
SCH #41		
SCH #41 SUPP	.001514483	16.22
SCH #41 OTHER	.000077794	.82
SCH #41 EMERGEN		
ROAD	.000259309	2.78
S M RURAL FIRE	.000747579	6.10
LIBRARY	.000226764	2.42
DISTRICT TOTAL	.006640179	69.22
FOREST ASSESSMENT		51.00
FOREST PRACTICE ACT		3.50
AMOUNT DUE		123.72

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

BOWEN, ELMER W

2009
BILL# 11024

2ND HALF
AMOUNT DUE 61.86

BENEWAH COUNTY
RP46N02W199001A
26-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

JUNE 20, 2010

DATE PAID
PAID BY

CHECK #
CASH

BOWEN, ELMER W

2009
BILL# 11024

1ST HALF FULL
AMOUNT DUE 61.86 123.72

BENEWAH COUNTY
RP46N02W199001A
26-0000

LATE
INT
COST
TOTAL

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2009

DATE PAID
PAID BY

CHECK #
CASH

PAID

NOV 02 2009

1383

E. WILLIAM BOWEN
OR MARY M. BOWEN
HC 01 BOX 215 E 245-4788
ST. MARIES, ID 83861

3148

92-1/1241

Pay to the
Order of

AAA Pump Service

\$ 195 65

Only One Hundred Twenty Five and 65/100 Dollars

WESTONE
#6993 **BANK**

West One Bank, Idaho, N.A.
Post Office Box G,
St. Maries, Idaho 83861

For

Pulled Pump + PIPE

Mary M Bowen

⑆124100019⑆ 110058324787⑈ 1480 ⑈0000019565⑈

© WEST ONE IMAGE

KEEP
WATER WELL

DEPT. OF HEALTH AND WELFARE
Water Sample For
BACTERIOLOGICAL QUALITY TEST
(Purity Test)
Rev. 1976

1978

See Back of Form for Collection Instructions PLEASE PRINT PLAINLY

SOURCE		Type of Well, Spring, Stream, Etc.			
LOCATION OF SOURCE		Address if City - Distance and Direction from Town if Farm			
REPORT RESULT TO		IF WELL, GIVE DEPTH			
Name		Feet			
Street Address		SAMPLE COLLECTED			
City, State, Zip Code		Hour	Date		
RESULT OF WATER TEST					
Intestinal Bacteria ☐ were ☒ were not found in the water sample.					
Membrane Filter <u><1</u> Coliforms/100 ml.					
Date Received		Microbiologist			
EXPLANATION: Intestinal bacteria should not be present in your water supply. The presence of these organisms indicates that your water is contaminated. This may be due either to poor quality of water at its source or improper construction and maintenance of the system. Because the quality of water may vary from time to time, it is recommended that repeat samples be submitted. For Department of Health & Welfare recommendations or approval of your water supply, please contact your environmentalist or public health engineer.					
PRESUMPTIVE TEST					
Date	10cc	10cc	10cc	10cc	10cc
CONFIRMATORY TEST					
Date		Result			

COMPANY
UNKNOWN
DANNY BARTO!
DRILLER
found out

DO NOT FILL BOTTLE MORE THAN TWO-THIRDS (2/3) FULL
Allow an Air Space at the Top

DEPT of Water Resources
CDA 208 762 2800