

RECEIVED

MAR 02 2012

IDWR/NORTH 91479

PANHANDLE HEALTH DISTRICT I APPLICATION AND PERMIT FOR ON-SITE SEWAGE SYSTEM

INDIVIDUAL SEWAGE DISPOSAL SITE EVALUATION

Site Eval.#: _____

Fee: _____

Date: Feb 2-1994

For (Name): ANN LAURENZ
 Legal Description of Property: S 16 T 54 N R 54 W TAX PARCEL # RP 54 N 05 W 19 01 007
Stonewall addition
 Location: Lot 4 Size of Lot (Acreage): 5.002
 Applicant's Signature: Ann Laurenz
 Mailing Address: 326 Timberloop Post Falls 83854 Phone #: 208-773-6383
 Applicant is: () Landowner () Contractor () Installer Soil Type: A

SEE TEST HOLE INFORMATION SHEET

Remarks: _____

Valid For One Year From Date: _____

By: _____

Environmental Health Specialist

INSPECTION TIME: _____

INDIVIDUAL SEWAGE DISPOSAL INSTALLATION PERMIT

INDIVIDUAL SEWAGE DISPOSAL PERMIT

Permit #: 22715Fee: 16500 Aquifer Surcharge: _____Date: 2/2/95

PLOT PLAN ATTACHED (show house, other buildings, etc.)

Bedrooms 3 Baths 2 1/2 Sq. Ft. _____ No. of People _____Septic Tank: 1000 Gallons, Distance to dwelling foundation: 5 ft. min. Well: 50 ft. min. Water Line: 10 ft. min. Public Water Line 25 ft. min. Type of tank: Cement X Other _____

Component separations: Property lines 5 ft. min./Dwelling foundation 20 Ft. min./Well 100 ft. min./Surface water 300 ft. min./Neighbor's well 100 ft. min./Septic tank 6 ft. min./Water service lines 25 ft. min./Water suction line 100 ft. min.

TYPE OF DWELLING	TYPE OF INSTALLATION	DISP SYSTEM	EST TYPE	
☒ SINGLE	☒ NEW	☒ DRAINFIELD	☒ 231 COMM SEW	☐ 235 NEW NON RES
☐ MULTIPLE	☐ REPLACEMENT	☐ ABS BED	☒ 232 NEW RES	☐ 236 EXIT NON RES
☐ COMMERCIAL		☐ BASIC ALTER	☐ 233 EXIT RES	☐ 237 NON RES ALT
☐ OTHER	DF 50 <u>300</u>	☐ COMPLEX ALTER	☐ 234 RES ALT	

Remarks and/or conditions: _____

I understand that this permit is non-transferable and is valid for 1 year
 from date of application. Drainfield must not exceed 4 feet in depth.

Applicant's Signature: Ann Laurenz Phone: _____

Mailing Address: _____

Plot plan submitted: _____ (Approved: 2/8/95) Not Approved: _____Permit issued by: Bob Camp, Environmental Health Specialist

INSPECTION TIME: _____

ENTERED FEB 9 1995

THIS OFFICE MUST BE NOTIFIED FOR FINAL INSPECTION

Approved: 2/4/95 Not Approved: _____ Date: 2/2/95Inspected by: Bob Camp Installed by: J. J. O. Installer Lic. #: 8913

Remarks: _____

INSPECTION TIME: _____

ENTERED SEP 12 1995

Reference: Rules & Regulations for Individual and Subsurface Sewage Disposal Systems

Revised 10/93

RECEIVED

Form 238-7

794 MAR 24 1995

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Rec # N 8728-2
735 3/24/95

Use Typewriter
or
Ball Point Pen

NORTHWEST REGION
IDWR

1. DRILLING PERMIT NO. 96-95-N-0028

Other IDWR No. _____

2. OWNER:

Name Ann LAURENZ
Address 326 Timber Loop
City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>54</u>		North ☒ or South ☐	
E		Rge. <u>5</u>		East ☐ or West ☒	
S		Sec. <u>19</u>		SW 1/4 SW 1/4 NW 1/4	
		Gov't Lot _____		County <u>Bonner</u>	

Address of Well Site Forest way
City Blanchard

(Give at least name of road + Distance to Road or Landmark)

Lt. 4 Blk. 1 Sub. Name Stone Ridge
ADDITION

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEA/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
<u>Bentonite</u>	<u>0</u>	<u>20</u>	<u>7</u>		<u>Overpacked</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 35'

Was drive shoe seal tested? Y ☐ N ☒ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>1 1/2</u>	<u>35</u>	<u>250</u>	<u>Steel</u>	☒	☐	☐	☐
<u>4</u>	<u>-5</u>	<u>275</u>	<u>240</u>	<u>PVC</u>	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SAW CUT
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>60</u>	<u>100</u>	<u>1/8x6"</u>	<u>25</u>	<u>4"</u>	<u>PVC</u>	☐	☒
<u>220</u>	<u>275</u>	<u>1/8x6"</u>	<u>30</u>	<u>4"</u>	<u>PVC</u>	☐	☒
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

SW SW NW 19 54N 5W

FORWARD WHITE COPY TO WATER RESOURCES

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>12</u>			<u>2 Hours</u>

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: Clear and Cold

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>6</u>	<u>Top Soil</u>		☒
<u>8</u>	<u>6</u>	<u>30</u>	<u>Decomposed GRANITE</u>		☒
<u>8</u>	<u>30</u>	<u>35</u>	<u>GRANITE</u>		☒
<u>6</u>	<u>35</u>	<u>85</u>	<u>GRANITE</u>		☒
<u>6</u>	<u>85</u>	<u>89</u>	<u>Fractured GRANITE</u>	<u>1.5</u>	
<u>6</u>	<u>89</u>	<u>185</u>	<u>GRANITE</u>		
<u>6</u>	<u>185</u>	<u>187</u>	<u>Fractured GRANITE</u>	<u>2</u>	
<u>6</u>	<u>187</u>	<u>245</u>	<u>GRANITE</u>	<u>8.5</u>	
<u>6</u>	<u>245</u>	<u>275</u>	<u>GRANITE</u>		☒

RECEIVED

MAR 02 2012

IDWR / NORTH

OFFICE USE ONLY
Inspected by TDK
Twp 54N Rge 5W Sec 19
NW 1/4 NW 1/4 SW 1/4

MICROFILMED

MAR 09 1999

Completed Depth 275' (Measurable)
Date: Started 2-14-95 Completed 2-15-95

13. DRILLER'S CERTIFICATION

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

Firm Name Hester Well Drilling Inc. Firm No. 528

Firm Official [Signature] Date 2-15-95

and _____

Supervisor or Operator [Signature] Date 2-15-95

(Sign once if Firm Official & Operator)

SPRINGER PIN RP014510010040A

RECEIVED
MAY 02 2012
IDWR / NORTH

