



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region, 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815

Phone: (208) 762-2800 • Fax: (208) 762-2819 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

April 30, 2013

Kurt Copeland OR Susan Copeland
PO Box 1201
Wallace ID 83873

Re: Coeur d'Alene-Spokane River Basin Adjudication Claim (CSRBA) Claim No. 94-8703

Dear Claimants:

Idaho Department of Water Resources (IDWR) has received and completed initial processing of your CSRBA Claim to serve a home in Shoshone County. Your Claim has been assigned identification No. 94-8703.

Please contact me concerning the date that the well serving your property at 2943 Montgomery Gulch (Shoshone County parcel RP49N03E274350) was first used for Domestic purposes. The enclosed Well Driller's Report for you shows a well completed for you in 1983 near Interstate 90.

My telephone number at the IDWR Northern Region Office is (208) 762.2816.

Respectfully,

Shaun M. Maxey
Senior Water Resource Agent
Idaho Department of Water Resources, Northern Region

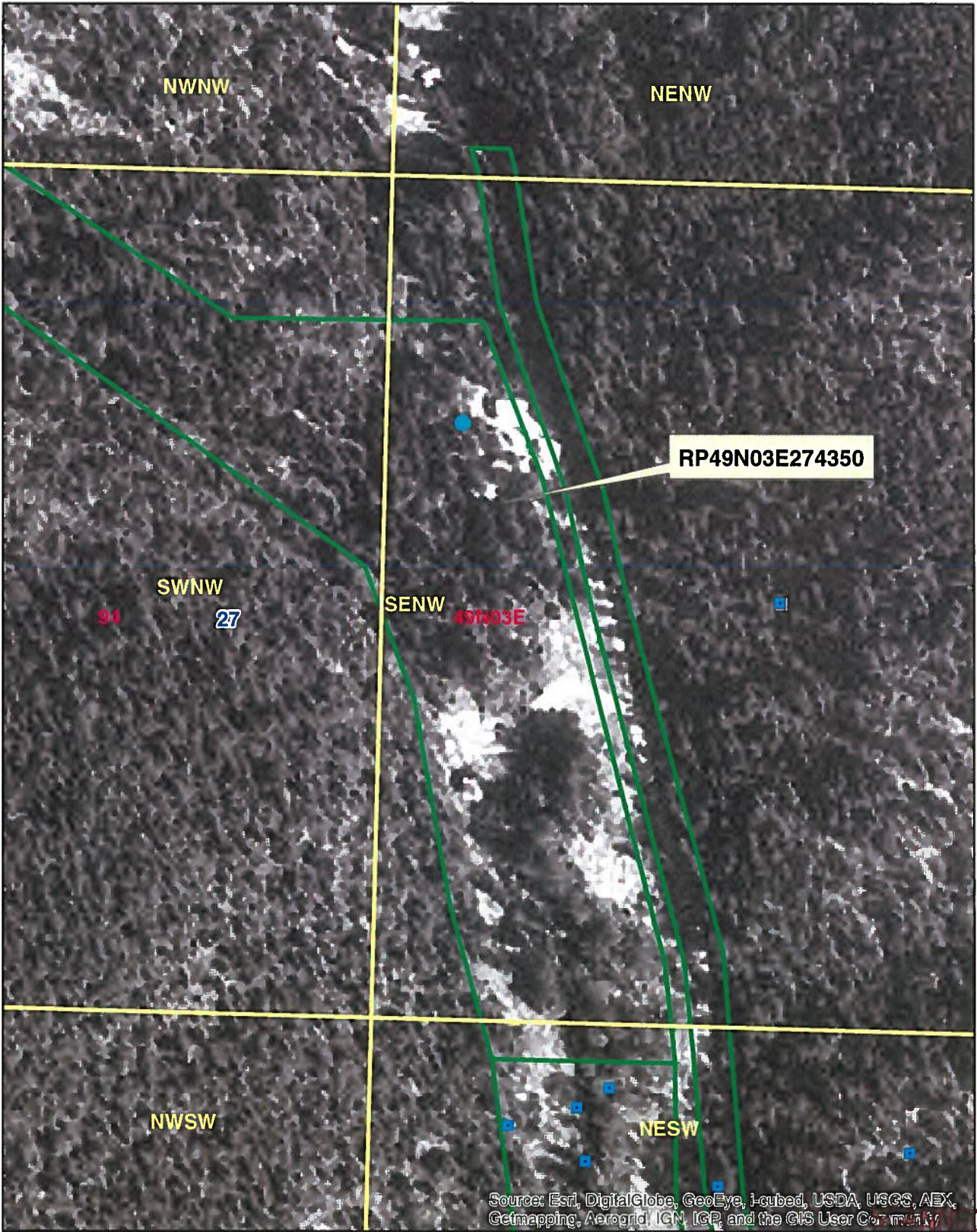
Enclosures

Copy of CSRBA Claim 94-8703
Driller's Report 94-83-N-23
1992 Aerial Photomap

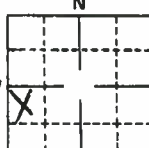
SCANNED

APR 29 2013

94-8703 COPELAND PARCEL RP49N03E274350 1992 IMAGE 2943 MONTGOMERY GULCH



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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>CLAY COPELAND</u> Address <u>P.O. Box 1201 Wallace ID 83873</u> Owner's Permit No. <u>94-83-N-23 83873</u>	7. WATER LEVEL Static water level <u>247.5</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ <i>Describe artesian or temperature zones below.</i>																																		
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>5 GPM</u></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>5 GPM</u>																														
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore 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></td><td>0</td><td>10</td><td>SAND, GRAVEL & CLAY</td><td></td><td>X</td></tr><tr><td></td><td>6</td><td>16</td><td>SOFT SLATE</td><td></td><td>X</td></tr><tr><td></td><td></td><td>20</td><td>MED. SLATE</td><td>X</td><td></td></tr><tr><td></td><td></td><td>177</td><td></td><td></td><td></td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No		0	10	SAND, GRAVEL & CLAY		X		6	16	SOFT SLATE		X			20	MED. SLATE	X				177			
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED NOV 16 1983 Department of Water Resources																																		
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <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>22</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></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 <u>6</u> inches by <u>18</u> inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>4</u> perforations</td><td><u>19</u> feet</td><td><u>22</u> 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>20</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____	Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>22</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>4</u> perforations	<u>19</u> feet	<u>22</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	RECEIVED NOV 17 1983 Department of Water Resources Northern District Office		
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Shoshone</u> <u>NW</u> 1/4 <u>SW</u> 1/4 Sec. <u>31</u> , T. <u>49</u> N., R. <u>3</u> E.	10. Work started <u>6/31/83</u> finished <u>5/31/83</u>																																		
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>UNITED DRILLING INC</u> Firm No. <u>414</u> Address <u>P.O. Box 2499 CPA</u> Date <u>9/2/83</u> Signed by (Firm Official) <u>Edmon R. Volby Pres.</u> and <u>Daniel M. Mearns</u> (Operator)	SCANNED APR 29 2013																																		