



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

February 20, 2013

Roscoe Ealey
PO Box 186
St. Maries, ID 83861

Re: Coeur d'Alene-Spokane River Basin Adjudication Claim (CSRBA) Claim No. 94-8025

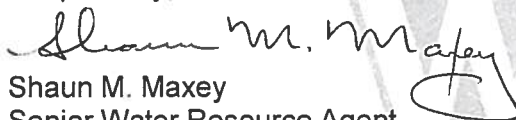
Dear Mr. Ealey:

Idaho Department of Water Resources (IDWR) has received and completed initial processing of your CSRBA Claim on a well (Ground Water). Your CSRBA Claim has been assigned identification No. 94-8025 and a copy is enclosed.

Thanks for the information you provided during our telephone call earlier today. I have enclosed a map and copy of the Driller's Report for the well you are using (D0040656) for Claim 94-8025 and the Driller's report for D0051206. Please telephone or contact me after you have reviewed the enclosed information.

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

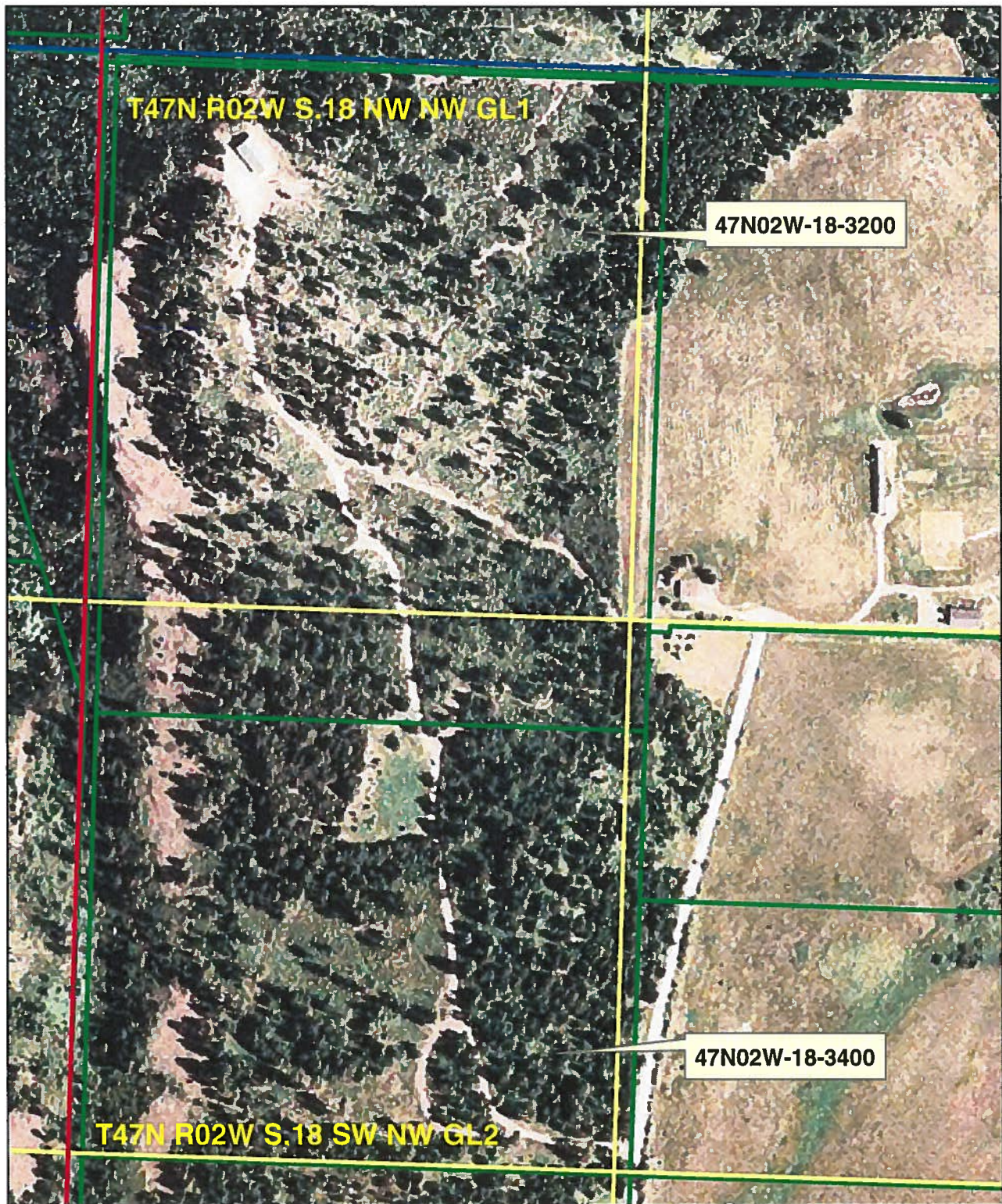
Enclosures

Copy of CSRBA Claim 94-8025
Well Driller Reports
Aerial Photomap

SCANNED

FEB 14 2014

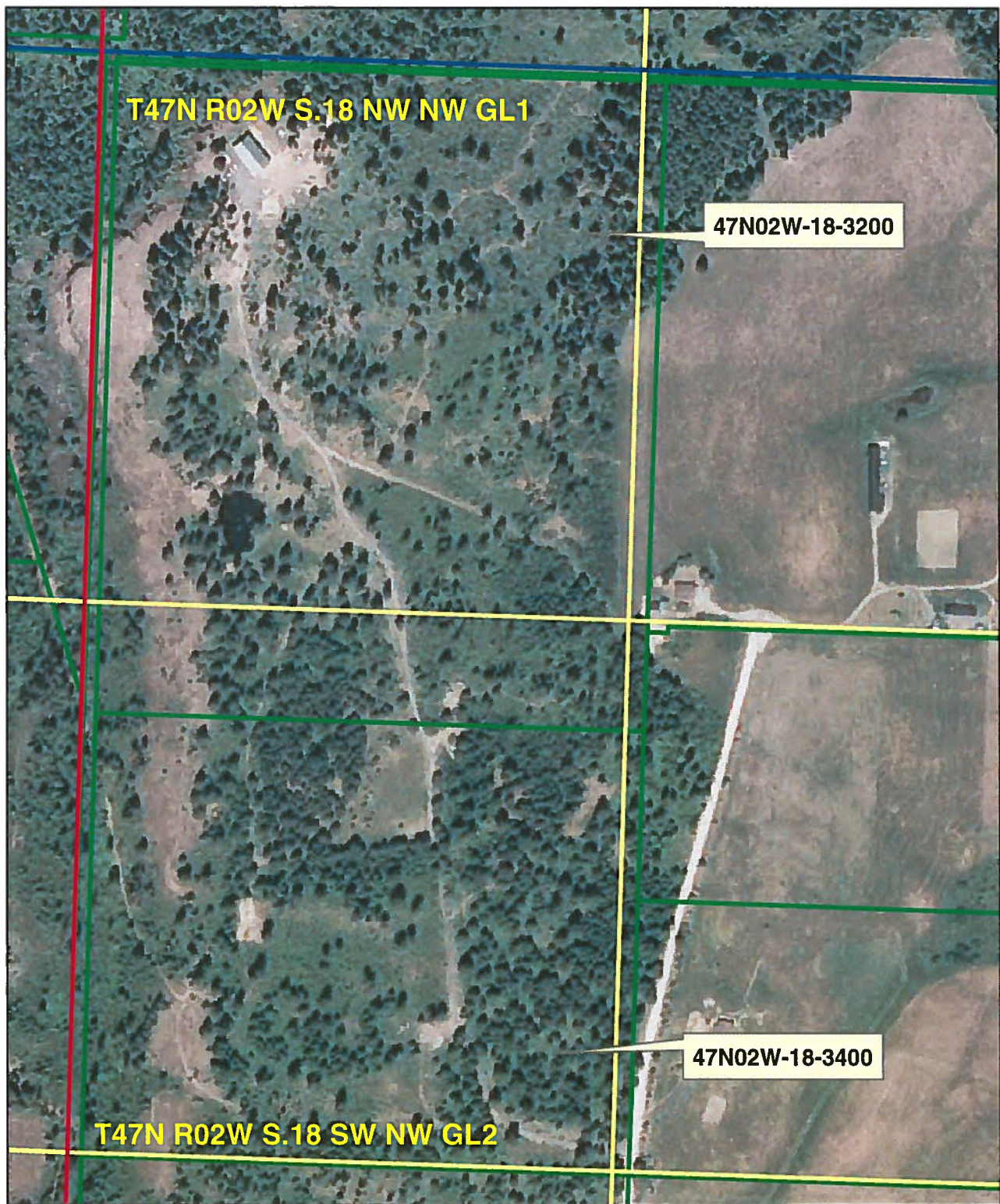
94-8025 EALEY (2006 ARCMAP IMAGE)



SCANNED

FEB 14 2014

94-8025 EALEY (2009 ARCMAP IMAGE)



SCANNED

FEB 14 2014

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 D 0040656
 DRILLING PERMIT NO. 835881
 Water Right or Injection Well No. _____

2. OWNER:
 Name Roscoe H Ealey
 Address PO Box 18072
 City Tucson State AZ Zip 85731

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 47 North ☒ or South ☐
 Rge. 2 East ☐ or West ☒
 Sec. 18 1/4 NW 1/4 NW 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____
 Address of Well Site 27611 South Larch Rd.
 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>60</u>	<u>95X</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 583
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-583</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>-523</u>	<u>-583</u>	<u>16'X8</u>	<u>24</u>	<u>6"</u>	<u>Steel</u>	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

435 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered 520 ft. Describe access port or control devices:
well cap
47N 2W 18

12. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
<u>17 gpm</u>	<u>Airlift from</u>	<u>583'</u>	

Water Temp. 52° Bottom hole temp. _____
 Water Quality test or comments: Slightly Cloudy no odor
 Depth first Water Encounter 520

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8"</u>	<u>0</u>	<u>3</u>	<u>Clay - Tan</u>			
	<u>3</u>	<u>175</u>	<u>Basalt - Gray</u>			
	<u>175</u>	<u>212</u>	<u>Clay - Gray</u>			
	<u>212</u>	<u>275</u>	<u>Clay - light Brown</u>			
	<u>275</u>	<u>308</u>	<u>Clay - Tan</u>			
	<u>308</u>	<u>410</u>	<u>Basalt - Gray</u>			
	<u>410</u>	<u>420</u>	<u>Clay - Tan</u>			
	<u>420</u>	<u>481</u>	<u>Clay - Gray</u>			
	<u>481</u>	<u>520</u>	<u>Basalt - Black</u>			
	<u>520</u>	<u>527</u>	<u>Basalt - Broken w/water</u>			
	<u>527</u>	<u>583</u>	<u>Basalt - Black</u>			

RECEIVED
 NOV 04 2005
 IDWR/North

Completed Depth 583' (Measurable)
 Date: Started 9-9-05 Completed 9-17-05

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 Action Drilling INC. Firm No. 618
 Principal Driller Alvin Carris Date 10-15-05
 and _____ Date _____
 Driller or Operator II _____ Date _____
 Operator I Alvin Carris Date 10-15-05
 Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.