



Source: Esri, DigitalGlobe, GeoEye, i-cubed, USDA, USGS, AEX, Getmapping, Aerogrid, IGN, IGP, swisstopo, and the GIS User Community

Certificate of Occupancy

Department of Building Inspection

Kootenai County

This Certificate is issued pursuant to the requirements of the Kootenai County Building Code Ordinance and the current Uniform Building Code certifying that, at the time of issuance, this structure was in compliance with the various Ordinances of Kootenai County regulating building construction or use for the following:

Building Permit No 34134

Plan No 34134

Occ. Group R3/UM

Occ. Load 9

Use Classification SINGLE FAMILY RESIDENCE

Construction Type VN

Owner of Building RAY BEEKER

Building Address 5213 W. MEADOWBROOK LOOP, COEUR D'ALENE, ID 83814

Building Official

Date: May 20, 2002

Fire Marshal N/A

(By issuing any permit or certificate, or by conducting any compliance inspection, Kootenai County makes no warranty, implied or otherwise, that any inspected building is constructed wholly in compliance with adopted codes or that it is safe or fit for any particular purpose. Kootenai County expressly disclaims any liability for construction defects in buildings it is called upon to inspect in the course of carrying out its government duties. Owner deriding protection from construction defects should hire their own inspectors who can be present while construction is in progress.

WELL DRILLER'S REPORT

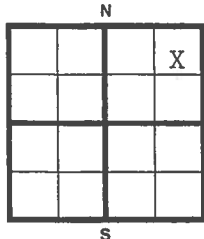
Partnerships Consulting and
Management Services

Office Use Only
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 1/4 1/4 1/4
 Lat: : : Long: : :

1. WELL TAG NO. D0017934Drilling Permit No: _____
Other IDWR No. _____2. OWNER MR. BLEEKER Well Number: 336Name MR. BLEEKER
Address 3405 N. BROOKS RD.City MEDICAL LAKE State WA Zip 99022

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 50N ☐ North or ☐ SouthRge. 4W ☐ East or ☒ WestSec. 20 NE 1/4 NE 1/4 1/4Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site MEADOW BROOKCity COEUR D' ALE

(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	7 BAGS	

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 218'Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-200	520	.160	PVC	☐	☒	☐	☐
6	+2	218	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKIL SAW☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
480	520	1/4 X 8			PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

500 ft. below ground Artesian pressure _____ lb.Depth flow encountered 520 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6		520	1HR

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: CLEARDepth first Water encountered 520

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	12	Top Soil	☐	☐
8	12	48	Clay Yellowish Tan	☐	☐
8	48	76	Clay Gray w/Sand	☐	☐
8	76	210	Clay Light Brown	☐	☐
8	210	218	Decomp Granite Brown	☐	☐
6	218	465	Granite Black & Copper	☐	☐
6	465	520	Granite Black w/ Green	☒	☐

COPY

Completed Depth 520 (Measurable)Date: Started 11/8/01 Completed 11/9/01

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 H2O WellService, Inc. Firm No. 448

Firm Official _____ Date _____

and _____

Supervisor or Operator _____ Date _____

(Sign Once if Firm Official and Operator)

Louie Hanner