

Identify

Identify from: Taxlots

Taxlots

LINDSAY, DAVID O TRUSTEE

Location: 2,297,417.943 1,800,089.

Field	Value
ID	3859592
UPDATED	1/21/2014
PIN	RP46N03W022400A
OWNER	LINDSAY, DAVID O TRUSTEE
ADDRESS1	252 GARNET DRIVE
ADDRESS2	
CITY	ST MARIES
STATE	ID
ZIPCODE	83861
P_ADDRESS	252 GARNET DRIVE
P_ZIPCODE	
SUB_NAME	
LEGAL1	S2 T46N R3W LOT 3
LEGAL2	
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	<null>
ACRES	20.7
COUNTY	Benewah
SOURCE	
YEAR_BUILT	1996

Identified 1 feature

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IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

1. DRILLING PERMIT NO. 91 - 94. N. 7 - 000
Other IDWR No. Well cleaned - See suffix 100

2. OWNER:
Name DAVID O. LINSAY
Address 16 SUNSET CIRCLE
City BETTENDORF State IA Zip 52722

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 Twp. 46N North ☒ or South ☐
 Rge. 3W East ☐ or West ☒
 Sec. 2 $\frac{1}{4}$ NW $\frac{1}{4}$ NE $\frac{1}{4}$
 Gov't Lot _____ County SHOSHONE $\frac{10}{100}$ acres $\frac{100}{100}$ acres

MISSION POINT

Address of Well Site MISSION POINT

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

Li. _____ Blk. _____ Sub. Name _____

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

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	4	OVERBORE

Was drive shoe used? Y ☒ N ☐

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8"	+2	18	.250	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

NW NE Z 46N 3W

FORWARD WHITE COPY TO WATER RESOURCES

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5GPM EST.			1 HR.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments:

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

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 UNITED DRILLING INC. Firm No. 414

Firm Official Ann V. Callis Date 7-25-91
and

Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

95-9340