

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

| Office Use Only                         |           |                                           |  |
|-----------------------------------------|-----------|-------------------------------------------|--|
| Inspected by _____                      |           |                                           |  |
| Twp _____                               | Rge _____ | Sec _____                                 |  |
| _____ 1/4                               | _____ 1/4 | _____ 1/4                                 |  |
| Lat: _____                              |           | Long: _____                               |  |
| <input checked="" type="checkbox"/> Air |           | <input type="checkbox"/> Flowing Artesian |  |

1. WELL TAG NO. D D0022813  
 DRILLING PERMIT NO. 787746  
 Other IDWR No. \_\_\_\_\_

2. OWNER:  
 Name David & Jane Keen  
 Address 11320-1 Camino Plaza CanLun  
 City San Diego State CA Zip 92134

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

|   |  |                                                             |  |                                                                             |  |
|---|--|-------------------------------------------------------------|--|-----------------------------------------------------------------------------|--|
| N |  | Twp. <u>46</u>                                              |  | North <input checked="" type="checkbox"/> or South <input type="checkbox"/> |  |
| W |  | Rge. <u>2</u>                                               |  | East <input type="checkbox"/> or West <input checked="" type="checkbox"/>   |  |
| E |  | Sec. <u>11</u>                                              |  | 1/4 <u>SW</u> 1/4 <u>SW</u> 1/4                                             |  |
| S |  | Gov't Lot _____                                             |  | County <u>Beneviah</u>                                                      |  |
|   |  | Lat: _____                                                  |  | Long: _____                                                                 |  |
|   |  | Address of Well Site <u>2 1/2 miles on</u>                  |  | City <u>St. Maries</u>                                                      |  |
|   |  | <u>Hells Gulch Rd.</u>                                      |  |                                                                             |  |
|   |  | (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 |                         |        |
| <u>Bentonite</u> | <u>0</u> | <u>40</u> | <u>135x</u>     | <u>Pour Around Pipe</u> |        |

Was drive shoe used? ☒ ☐ N Shoe Depth(s) 219  
 Was drive shoe seal tested? ☒ Y ☐ N How? yes

8. CASING/LINER:

| Diameter  | From      | To          | Gauge       | Material     | Casing                              | Liner                    | Welded                              | Threaded                 |
|-----------|-----------|-------------|-------------|--------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| <u>6"</u> | <u>+1</u> | <u>-219</u> | <u>2508</u> | <u>Steel</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

9. PERFORATIONS/SCREENS

Perforations Method Touch  
 Screens Screen Type \_\_\_\_\_

| From        | To          | Slot Size   | Number    | Diameter  | Material     | Casing                              | Liner                    |
|-------------|-------------|-------------|-----------|-----------|--------------|-------------------------------------|--------------------------|
| <u>-179</u> | <u>-219</u> | <u>1/2"</u> | <u>16</u> | <u>6"</u> | <u>Steel</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

150 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
 Depth flow encountered 191 ft. Describe access port or control devices: Well cap

46 N 2 W 11

11. WELL TESTS:

☐ Pump ☐ Bailer

| Yield gal./min. | Drawdown                 | Pumping Level | Time |
|-----------------|--------------------------|---------------|------|
| <u>15 gpm</u>   | <u>Air lift from 220</u> |               |      |

Water Temp. 52° Bottom hole temp. \_\_\_\_\_  
 Water Quality test or comments: Slightly cloudy no odor  
 Depth first Water Encounter 110

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>5</u>   | <u>Clay - Tan</u>                               |   |   |
|           | <u>5</u>   | <u>13</u>  | <u>Clay - Tan w/ Basalt</u>                     |   |   |
|           | <u>13</u>  | <u>18</u>  | <u>Basalt - Gray w/ clay - Brown</u>            |   |   |
|           | <u>18</u>  | <u>35</u>  | <u>Clay - Brown</u>                             |   |   |
|           | <u>35</u>  | <u>45</u>  | <u>Clay - Tan</u>                               |   |   |
|           | <u>45</u>  | <u>56</u>  | <u>Clay - Brown</u>                             |   |   |
|           | <u>56</u>  | <u>68</u>  | <u>Clay - Brown w/ Basalt</u>                   |   |   |
|           | <u>68</u>  | <u>110</u> | <u>Basalt - Gray</u>                            |   |   |
|           | <u>110</u> | <u>112</u> | <u>Basalt - Gray soft w/ water</u>              |   |   |
|           |            |            | <u>1 gal</u>                                    |   |   |
|           | <u>112</u> | <u>160</u> | <u>Basalt Gray - soft</u>                       |   |   |
|           | <u>160</u> | <u>186</u> | <u>Clay - Tan</u>                               |   |   |
|           | <u>186</u> | <u>191</u> | <u>Basalt - Gray</u>                            |   |   |
|           | <u>191</u> | <u>192</u> | <u>Basalt - Broken w/ water</u>                 |   |   |
|           |            |            | <u>1 gal</u>                                    |   |   |
|           | <u>192</u> | <u>212</u> | <u>Basalt - Broken - soft</u>                   |   |   |
|           | <u>212</u> | <u>218</u> | <u>Shale - Brown w/ water</u>                   |   |   |
|           |            |            | <u>10 gal</u>                                   |   |   |
|           | <u>218</u> | <u>220</u> | <u>Clay Red</u>                                 |   |   |

15 gpm Total

RECEIVED

NOV - 6 2002

IDWR North

Completed Depth 220 (Measurable)  
 Date: Started 10-9-02 Completed 10-10-02

13. DRILLER'S CERTIFICATION

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

Company Name All-Ways Drilling Inc Firm No. 510

Firm Official Stanley K Wolfe Date 10-27-02

and Driller or Operator Alvin Carris Date 10-27-02

(Sign once if Firm Official & Operator)



April 6, 2015

Account Number: 0997520000

Re: Letter of Credit for Jane E. Jacobsen

Service Address: 752 WHITTS END RD, SAINT MARIES, ID, 83861

We are happy to provide the following credit history per our customer's request:

- Service Type: Electric
- Dates of Service: 08/12/2013 to present

The account number referenced above may include services at multiple premises. Notices and Non-Payment Disconnects occur as a result of the account balance.

*\* If service(s) billed under the account referenced above were active for less than a 12 Month period, the Number of Delinquent Notices and Non-Payment Disconnects reference the Dates of Service designated above.*

If you have questions, please contact us.

Avista Customer Service Representatives are available to assist you Monday through Friday, 7am to 7pm and Saturday 9am to 5pm at (800) 227-9187. Or visit us at [www.avistautilities.com](http://www.avistautilities.com).

Sincerely,

Sarah Obenland

Avista Utilities



1411 E MISSION AVE  
SPOKANE WA 99252-0001

Jane Jacobsen

Front of Check

1002

JANE E. JACOBSEN 10-12  
PAUL JACOBSEN  
P.O. BOX 221  
FAIRFAX, CA 92333

DATE 5/1/14

PAY TO THE ORDER OF AAA JUMP SERVICE \$ 1108.63

eleven hundred eight, 63/101

ally

Pressure Tank

1002

Back of Check

1002

5/1/14

Deposit only

5-1-14  
Payment for  
submersible pump  
and pressure tank.  
Well placed into Service.

Check

Number:

1002

Amount: -

\$1,108.63

Posting Date:

May 12, 2014

Posting Time:

11:21 PM

Type:

Withdrawal