



State of Idaho

DEPARTMENT OF WATER RESOURCES

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

Phone: (208) 762-2800 FAX: (208) 762-2819 www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

May 19, 2015

Steven Gray OR Gayle Gray
9180 S Leinum LN
Coeur d'Alene, ID 83814

Re: Wells for Coeur d'Alene-Spokane River Basin Adjudication (CSRBA) Claims No.
95-12776 and 95-12777.

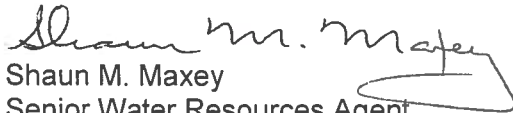
Dear Claimants:

The Ownership Change document that you provided to Idaho Department of Water Resources (IDWR) for CSRBA Claims 95-12776 and 95-12777 has been received. IDWR records will be updated to show you as the current owners.

Please return the enclosed map to IDWR after you have marked the approximate location of both wells serving your home. Please write in the tag number or Drilling Permit number for each well. You should also attach a Statement or some other evidence to indicate that the wells are rotated or both are used to supply your home.

Please contact me at (208) 762.2816 if you have any questions.

Respectfully,


Shaun M. Maxey

Senior Water Resources Agent
Idaho Department of Water Resources, Northern Region
7600 Mineral DR, Ste. 100
Coeur d'Alene, ID 83815

Enclosures

Well Driller's Report D0013897
Well Driller's Report 95-94-N-132-000 & D0059418

SCANNED

MAY 19 2015

BENSON -GRAY CHG OF OWNERSHIP KOOTENAI PARCELS SHOWN



MAY 19 2015

Use Typewriter
or
Ball Point Pen

(Sign once if Firm Official & Operator)

Date 6/23/99
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12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) **280** Static water level (ft) **160**

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	5 GPM	1 Hour	☐	☐	☒	☐

Water Quality test or comments: Turbid, Cold, No Smell

13. LITHOLOGIC LOG and/or repairs or abandonment:

[illegible]

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 **United Crown Pump & Drilling** Co. No. **636**

on behalf of **Jason Beckham** Date **8-1-11**

Principal Officer Jason Beckham Date 6-1-11

*Driver Sam. R. Date 8-2-1

Operator Date

Operator II _____

(Replacement etc.)

Operator 1 Date

* Signature of Principal Driver and rig operator are required.

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Seal material	From (ft)	To (ft)	Quantity (lbs or ft ²)	Placement method/procedure

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
4	-20	400	.200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s)

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drilled 3/8" Holes

Manufactured screen ☐ Y ☒ N Type

Method of installation

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
360	400	3/8"	120	4	PVC	.200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG)

Describe control device **Bolt On Cap**

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