

Identify from: Taxlots

Taxlots

HUSTEAD, MARY E

Location: 2,293,340.698 1,818,673.685 Meter

Field	Value
ID	5224706
UPDATED	9/28/2015
PIN	01106000014A
OWNER	HUSTEAD, MARY E
ADDRESS1	325 SPRUCEWOOD PLACE
ADDRESS2	
CITY	COLLEGE PLACE
STATE	WA
ZIPCODE	99324
P_ADDRESS	15224 S BLUFF RD
P_ZIPCODE	
SUB_NAME	CARLIN VIEW ESTATES AMENDED
LEGAL1	CARLIN VIEW ESTATES (AMENDED), LT 1
LEGAL2	
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	<null>
ACRES	0
COUNTY	Kootenai
SOURCE	
YEAR_BUILT	1999

Identified 1 feature

Table Of Contents Identify

Identify from: Taxlots

Taxlots

HUSTEAD, MARY E

Location: 2,293,370.506 1,818,500.554 Meter

Field	Value
ID	5224704
UPDATED	9/28/2015
PIN	01106000012A 95-15058
OWNER	HUSTEAD, MARY E
ADDRESS1	325 SPRUCEWOOD PLACE
ADDRESS2	
CITY	COLLEGE PLACE
STATE	WA
ZIPCODE	99324
P_ADDRESS	15228 S BLUFF RD
P_ZIPCODE	
SUB_NAME	CARLIN VIEW ESTATES AMENDED
LEGAL1	CARLIN VIEW ESTATES (AMENDED), LT 1
LEGAL2	
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	<null>
ACRES	0
COUNTY	Kootenai
SOURCE	
YEAR_BUILT	1975

Identified 1 feature

Table Of Contents Identify

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

RECEIVED
MAY 11 1977
Department of Water Resources
Northern District Office

1. WELL OWNER

Name Terry Husted
Address Rt 2 Box 55A Harrison, ID
Owner's Permit No. 95-76-N-12

7. WATER LEVEL

Static water level 170 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Other AIR

Discharge G.P.M.	Draw Down	Hours Pumped
<u>15</u>	<u>8</u>	<u>1</u>

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>104</u>	<u>Basalt Hard</u>		☒
<u>6</u>	<u>104</u>	<u>125</u>	<u>Clay</u>		☒
<u>6</u>	<u>125</u>	<u>170</u>	<u>Sand</u>		☒

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 170 feet
Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>2.50</u> inches	<u>6</u> inches	<u>1</u> feet	<u>104</u> feet
<u>1.88</u> inches	<u>5</u> inches	<u>74</u> feet	<u>104</u> feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To

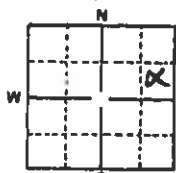
Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 19 Material used in seal ☐ Cement grout
☒ Puddling clay ☒ Well cuttings
Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing
☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Kootenai

SE 1/4 NE 1/4 Sec. 5 T. 48 N. R. 3 W.

10.

Work started Sept. 24/76 finished Sept. 30/76

11. DRILLERS CERTIFICATION

Firm Name Jason Well Inc. Firm No. 705

Address P.O. Box 723 Date Oct 1

Signed by (Firm Official) [Signature]

and
(Operator) [Signature]

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

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 0041261
DRILLING PERMIT NO. 838652
Water Right or Injection Well No. 1

2. OWNER:

Name Jerome Mustard
Address 15228 S. Bluff
City Harrison State ID Zip 83833

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 48 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 5 1/4 SW 1/4 NE 1/4
Gov't Lot _____
County Kootenai
Lat: : : Long: : :
Address of Well Site 15557 S. Bench

City Harrison
Lt. 8 Blk. 1 Sub. Name Carlin View Estates

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>20</u>	<u>85 lbs</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 108

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-108</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method DAVI

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>140</u>	<u>180</u>	<u>1"</u>	<u>28</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>15</u>			<u>2 hr</u>

Water Temp. 48° Bottom hole temp. _____

Water Quality test or comments: Clear water

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>2</u>	<u>Clay Brown</u>			
	<u>6</u>	<u>62</u>	<u>Decomposed Basalt</u>			
	<u>62</u>	<u>100</u>	<u>Broken Basalt</u>			
	<u>100</u>	<u>108</u>	<u>Basalt</u>			
	<u>6</u>	<u>108</u>	<u>Basalt Broken</u>			
	<u>192</u>	<u>200</u>	<u>Clay Brown</u>			

SCANNED
JUN - 9 2006

RECEIVED
MAY 23 2006
IDWR/North

Completed Depth 200 (Measurable)

Date: Started 3/2/06 Completed 3/6/06

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 Alpha Drilling Inc Firm No. 510

Principal Driller Stacy Wolfe Date 5/8/06

Driller or Operator II Donnette Date 5/8/06

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES