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APR 21 2016

DEPARTMENT OF
WATER RESOURCES

Form No. 42-1409-1 (Internet 3/12)

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

ID Number: 95-8691

Date Received: 4-21-2016

Receipt No: C-101902

Amount: 70.00 By:

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of claimant(s) Stimson Lumber Company Phone 208-686-9080
Mailing address 732 10th St. Plummer ID 83851
Street or Box City State ZIP
2. Date of priority (only one (1) per claim) April 17, 1991
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 46N, Range 4W, Section 18,
NW 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of Benewah
Parcel (PIN) no _____
Additional points of diversion if any: T46N, R4W, S18 NWSW, NWSW, NWSW; NESW, NESW, SWNW
If available, GPS coordinates: _____
- b. If instream flow, beginning point of claimed instream flow is: Township _____, Range _____,
Section _____, 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
ending point is: Township _____, Range _____, Section _____, 1/4 of _____ 1/4 or
Govt. Lot _____, B.M., County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, etc.),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.
Pumps, wells, and pipes.

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6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)
 For Industrial purposes from 1/1 to 12/31 amount 0.20 or 144.8
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____
 For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.20 (cfs) and/or (b) 144.8 (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): _____

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
 b. If water is used for other purposes, place a symbol of use (e.g. D for domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
46N	4W	18							I	I	I	I	I						

Parcel (PIN) no(s) _____ Total number of acres irrigated _____

10. In which county(ies) are lands listed above as place of use located? Benewah

11. Do you own the property listed above as place of use? Yes (x) No ()
 If your answer is no, describe in remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

95-8583 _____ or None ()

13. Remarks:

Consistent with Idaho Code 42-1425, Stimson Lumber Company is claiming accomplished transfers for points of diversion and place of use. The accomplished transfers are supported by the attached well driller reports and the place of use by the tax lot data.

Last name Stimson Lumber Company Identification no 95-8691

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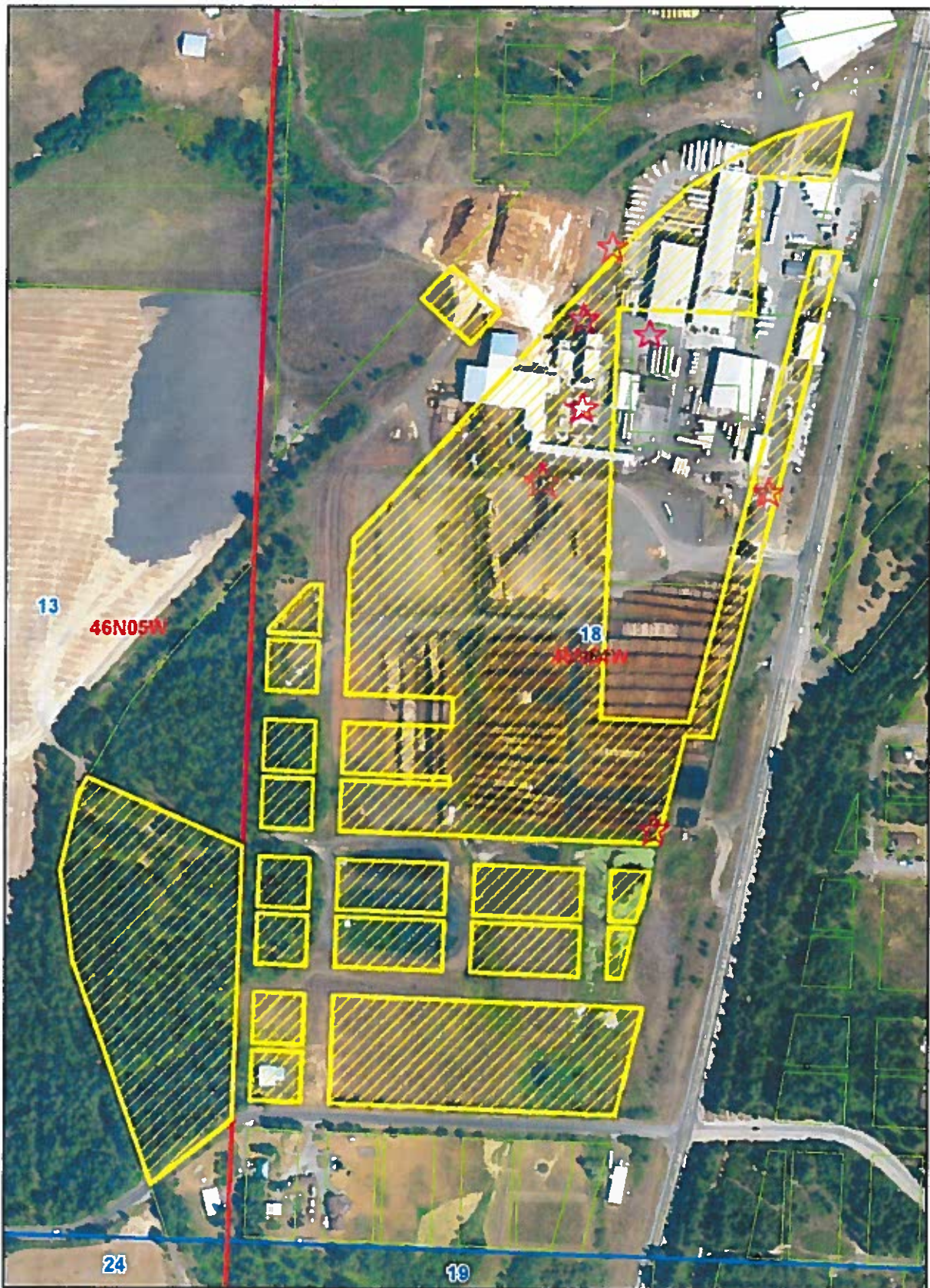
Scale: 2 inches equals 1 mile

A 16x16 grid of 256 squares. Each square contains a crosshair pattern formed by two dashed lines intersecting at the center. The lines are composed of short segments with gaps, creating a 'dashed' appearance. The grid is uniform in size and pattern across all cells.

Last name Stimson Lumber Company Identification no. _____

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JUL 12 2016

Plummer Forest Products



Denotes location of points of diversion for claim nos. 95-8583 and 95-8691

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14. Basis of claim (check one) Beneficial Use () Posted Notice () License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable, provide IDWR water right number 95-8691

15. Signature(s)

a. By signing below, I/we acknowledge that I/we have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication".

b. I/We do () do not (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

For individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of claimant(s) _____ Date: _____

_____ Date: _____

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Plant Manager of Stimson Lumber Company,
Title Organization

that I have signed the foregoing document in the space below as

Plant Manager of Stimson Lumber Company,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent [Signature] Date _____

Title and organization Plant Manager, Stimson Lumber Company

16. Notice of appearance:

Notice is hereby given that I, Chris M. Bromley, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature [Signature] Date 4/21/2016

Address 380 South 4th Street, Suite 103

Boise, ID 83702

Last name Stimson Lumber Company Identification no. _____

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JUL 12 2016

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Administration

WELL DRILLER'S REPORT

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



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JUL 18 1974
Department of Water Resources

1. WELL OWNER

Name PACIFIC CROWN

Address PLUMMER IDAHO

Owner's Permit No. 95-74-N-6

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

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

4. METHOD DRILLED

☒ Cable ☐ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 166 feet

Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>180</u> inches	<u>6</u> inches	<u>18</u> feet	<u>33</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

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 _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

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 24 Material used in seal ☒ Cement grout
☐ Pudding clay ☒ Well cuttings
Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing
☒ Overbore to seal depth

7. WATER LEVEL

Static water level 32 feet below land surface

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Temperature 50 ° F. Quality GOOD

Artesian closed-in pressure _____ p.s.i.

Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☒ Bailor ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped
<u>40</u>	<u>4 ft</u>	<u>30 MIN</u>
_____	_____	_____
_____	_____	_____

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	10	Brown Clay		X
8	10	18	Reddish Gravel		X
8	18	24	Reddish Rock		X
6	24	50	Reddish Rock		X
6	50	150	Reddish Rock	X	
6	150	166	Hard Reddish Rock		X

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JUL 12 2016

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
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OCT 20 1988

OCT 06 1988

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.

1. WELL OWNER
Department of Water Resources

Name Pacific Power Light Co.
Address Box 189 - Plummer, Idaho
Owner's Permit No. 95-8583
0650 350 - 1338 6390

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

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

4. METHOD DRILLED

- ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Casing schedule ☒ Steel ☐ Concrete ☐ Other
Thickness 264 inches 8 inches 1 feet 52 feet
Diameter 8 inches 1 feet 52 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 _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

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 187 Material used in seal ☐ Cement ☒ Bentonite
☒ Pudding clay ☐ Slurry pit ☐ Temp surface casing
Sealing procedure used. ☐ Overbore to seal depth ☒ Welded ☐ Solvent Weld
Method of joining casing ☐ Threaded ☒ Cemented between strata
Describe access port 1/4" open end

7. WATER LEVEL

Static water level 65 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ OF. Quality Good
Describe artesian or temperature zones below

8. WELL TEST DATA

- ☐ Pump ☐ Bailor ☒ Air ☐ Other

Discharge G.P.M. 300+ Pumping Level _____ Hours Pumped _____

9. LITHOLOGIC LOG

Bore Diam.	Depth From	To	Material	Water Yes No
12	0	4	BASALT COARSE GRAVEL	X
12	4	30	BAL CLAY - FIRM	X
10	30	40	TAN CLAY - FIRM	X
10	40	53	BASALT - SOFT W/CLAY BINDER	X
8	53	150	BASALT - MED. FRACS.	X
8	150	200	BASALT - HARD, FRACS.	X
8	200	300	BASALT - HARD, FRACS.	X
8	300	315	FRACS	X
8	315	350	GRAY CLAY - HARD w/FRAG.	X
8	350	520	BASALT STRIPS	X
8	520	410	RED CLAY - HARD	X
8	410	420	BASALT - HARD	X
8	420	440	GRAY CLAY - HARD	X
8	440	450	BAL CLAY - HARD	X
8	450	470	BASALT - HARD, FRACS.	X
8	470	480	BASALT - FRAG. W/FRACS.	X
8	480	490	BASALT - FRAG. W/FRACS.	X
8	490	500	300+ GPM	

DUE TO FRAG. APPAS & CLAY
STRIPS DO NOT SET PUMP
BELOW 300' w/out liner.

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OCT 18 1988
Department of Water Resources
Northern District Office

013570

10. Work started 6/26/88 finished 6/29/88

11. DRILLERS CERTIFICATION

SCANNED
JUL 12 2016

6. LOCATION OF WELL

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER

Name Pacific Crown Timber Products
Address P.O. Box 182 Plummer Idaho 83851
Owner's Permit No. 95-90-11-26

7. WATER LEVEL

Static water level 30 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ OF. Quality Good
Describe artesian or temperature zones below _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

___ Pump ___ Bailer ☒ Air ___ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
100		

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
	0	5	COBBLE GRAVEL FILL		☒
	5	50	TAN CLAY - FIRM		☒
	50	58	BASALT - FRACT. 100 GPM	☒	
	58	90	BASALT - HARD, FRAG.	☒	
	90	130	BASALT - VERY HARD		
	130	205	FRAG. LAYERS 50 GPM	☒	
	205	305	BASALT - VERY HARD		☒
	305	312	LT. GRN. CLAY - FIRM		☒
	312	315	GRAY CLAY - HARD		☒
	315	390	BASALT - HARD, FRAG.	☒	
	390	445	HAD CLAY - FIRM	☒	
	445	520	BASALT - VERY HARD		☒

3. PROPOSED USE

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

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse Rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
250 inches	8 inches	1 feet	62 feet
inches	inches	feet	feet
inches	inches	feet	feet
inches	inches	feet	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: 3/8 inches by 1 1/2 inches

Number	From	To
80 perforations	52 feet	62 feet
perforations	feet	feet
perforations	feet	feet

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 20 feet Material used in seal: ☒ Bentonite ☐ Pudding clay ☐ Cement grout

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld

☐ Cemented between strata

Describe access port 4" OPENING

DO NOT SET PUMP BELOW 300 FT -

DUE TO FLAKING CLAYS

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MAY 09 1990

Department of Water Resources

RECEIVED
MAY 24 1990

Department of Water Resources

SCANNED

JUL 12 2006

10.

Work started 4/25 finished 5/1/90

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER

Name PACIFIC CROWN LUMBER

Address Plummer, Idaho

Owner's Permit No. 95-91-N-56

7. WATER LEVEL

Static water level 290 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ of Quality _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe method of abandoning) _____

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
150+		

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	2	Cobble		X
	2	5	Gravel & blk. clay		X
	5	9	Gravel & brn. clay		X
	9	295	Basalt-hard-fracts.		X
	295	300	Basalt-med.-fracts.		X
	300	305	Basalt-med.-fracts. w/clay	X	
	305	310	Brn.-clay-firm		X
	310	400	Basalt-hard-fracts.		X
	400	405	Drk. gray clay-hard		X
	405	425	Brn. clay-hard		X
	425	430	Basalt-hard-fracts.		X
	430	520	Basalt-hard-fracts.	X	
6	520	530	Basalt-very hard		X
	530	595	Basalt-very hard	XX	

3. PROPOSED USE

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

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness	Diameter	From	To
<u>1 1/2</u> inches	<u>8</u> inches	<u>1</u> feet	<u>19</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ 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
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

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 18 Material used in seal: ☐ Cement grout
Bnetonite ☒ Puddling clay ☐ Well cuttings

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☐ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent
☐ Weld

Describe access port 1/2" Opening

10.

Work started 5/21/91 finished 5/30/1991

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JUL 12 2016

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTRECEIVED
USE TYPEWRITER OR
BALLPOINT PEN
JAN 12 1994State 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.

1. WELL OWNER

Name Pacific Crown Lumber
Address P.O. Box 189 Plummer, ID. 83851
Owner's Permit No. 95-93-NH5-000

7. WATER LEVEL

Static water level 80 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed in pressure _____ p.s.i.
Controlled by ☐ Valve ☒ Cap ☐ Plug
Temperature _____ OF Quality Good
Describe artesian or temperature zones below _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (Describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ OtherDischarge G.P.M. 50 Pumping Level _____ Hours Pumped _____

3. PROPOSED USE

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

9. LITHOLOGIC LOG

80722

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	8	Clay-brn.		
	8	18	Basalt-hard		X
	18	27	Basalt-fract. w/clay-brn.		X
	27	32	Basalt-hard		X
	32	41	Basalt-fract.-w/clay		X
	41	97	Basalt-med. w/fracts.		X
	97	104	Basalt-fract. water-20-G.P.M.	X	
	104	116	Basalt-med.		X
	116	121	Basalt-fract.-water-30-G.P.M.	X	
	121	291	Basalt-hard w/fracts.		X
	291	304	Clay-brn.-hard		X
	304	387	Basalt-med.		X
	387	403	Clay-brn.-hard		X
	403	501	Basalt-med. w/fracts.		X
	501	521	Clay-red		X
	521	890	Shale-med. to fractured		X

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Aug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule ☒ Steel ☐ Concrete ☐ Other _____
Thickness Diameter From To
250 inches 8 inches 1 feet 59 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feetWas casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number From To
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feetWell 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 20+ Material used in seal ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐Sealing procedure used. ☐ Slurry pit ☐ Temp. surface casingMethod of joining casing ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strataDescribe access port 2" Opening

6. LOCATION OF WELL

10.

Work started 3/3/1993 finished 3/12/1993

11. DRILLERS CERTIFICATION

APR 22 1993

FEB 09 1995

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JUL 12 2016

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MAY 05 1993

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER Name <u>Pacific Crown Lumber</u> Address <u>P.O. Box 189 Plummer, ID. 83851</u> Owner's Permit No. <u>95-93-N39 (95-68691)</u>		7. WATER LEVEL Static water level <u>20</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed in pressure _____ p.s.i. Controlled by ☐ Valve ☒ Cap ☐ Plug Temperature _____ °F. Quality <u>Good</u> <i>Describe artesian or temperature zones below</i>																																																											
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ Discharge G.P.M. <u>Approx. 350-G.P.M.</u> Pumping Level _____ Hours Pumped _____																																																											
3. PROPOSED USE ☐ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☒ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <u>104732</u> <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8"</td><td>0</td><td>6</td><td>Cobble-boulders</td><td></td><td>X</td></tr><tr><td></td><td>6</td><td>30</td><td>Basalt-fract. w/clay-brn.</td><td></td><td>X</td></tr><tr><td></td><td>30</td><td>59</td><td>Basalt-med. w/fracts.</td><td></td><td>X</td></tr><tr><td></td><td>59</td><td>63</td><td>Basalt-fract. w/clay-brn.</td><td></td><td>X</td></tr><tr><td></td><td>63</td><td>76</td><td>Basalt-hard</td><td></td><td>X</td></tr><tr><td></td><td>76</td><td>88</td><td>Basalt-hard w/fracts.</td><td></td><td>X</td></tr><tr><td></td><td>88</td><td>97</td><td>Cavern-water-approx. 350-G.P.M.</td><td>X</td><td></td></tr><tr><td></td><td>97</td><td>100</td><td>Basalt-med.</td><td></td><td>X</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	6	Cobble-boulders		X		6	30	Basalt-fract. w/clay-brn.		X		30	59	Basalt-med. w/fracts.		X		59	63	Basalt-fract. w/clay-brn.		X		63	76	Basalt-hard		X		76	88	Basalt-hard w/fracts.		X		88	97	Cavern-water-approx. 350-G.P.M.	X			97	100	Basalt-med.		X
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____																																																													
5. WELL CONSTRUCTION Casing schedule ☒ Steel ☐ Concrete ☐ Other _____ Thickness <u>.250</u> inches Diameter <u>8</u> inches From <u>1</u> feet To <u>39</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 _____ perforations _____ feet _____ feet perforations _____ feet _____ feet perforations _____ feet _____ feet 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 <u>20+</u> Material used in seal. ☐ Cement grout ☒ Bentonite ☐ Pudding clay Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ Describe access port: <u>1" Opening</u>		APR 22 1993 SCANNED JUL 12 2016 10. Work started <u>3/15/93</u> finished <u>3/17/93</u>																																																											
6. LOCATION OF WELL - <u>S Highway 65 Plummer ID</u>		11. DRILLERS CERTIFICATION																																																											

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Location Corrected by IDWR To:

T03S R07E Sec. 19 NENESE

By: mciscell 2012-09-06

1. WELL TAG NO. D 0028276

DRILLING PERMIT NO. 792854

Water Right or Injection Well No. 95-8563

well#1

2. OWNER:

Name Plummer Forest Products INC

Address P.O. Box 759

City Plummer

State ID Zip 83851

3. LOCATION OF WELL by legal description:

You must provide address or Lat. Bk. Sec. or Directions to well

Twp 46 North X or South

Rge 4 East or West X

Sec 18 14 NW 14 SW 14

Govt Lot County Benewah

Lat: Long:

Address of Well Site HWY 95

City Plummer

Li Bk Sub. Name

4. USE:

Domestic

Municipal

Municipal

Irrigation

Thermal

Injection

x Other

log yard

cooling water kilns

5. TYPE OF WORK check all that apply

XX New Well

Modify

Abandonment

Cone

6. DRILL METHOD:

X Air Rotary

Cable

Mud Rotary

Other

7. SEALING PROCEDURES

Seal Material bentonite

0.63

1,100lbs

surface pipe

Was drive shoe used? X Y

Shoe Depth 130ft

Was drive shoe seal tested? Y X

Hole

8. CASING/LINER:

Diameter

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

Feet

6

+2 1/2

130

250

steel

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

Length of Headpipe

Packer X Y

N

1 1/2"

shale trap

53 ft

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method torch

Screen Type & Method of Installation

110

130

x5

90

6

steel

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

x

10. FILTER PACK

Filter Material

Filter

Filter

Filter

Filter

Filter

Filter

Filter

Filter

Filter

Filter

Filter

Filter

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

8 1/2 ft below ground

Artesian pressure

Depth to water

Depth to water

cap

46N 4W 18

WELL TESTS:

Pump

Saler

Lat

Long

Flowing Artesian

70

125

2hr

Water Temp cold

Water Quality test for elements

clear

Bottom hole temp

Depth first Water Encounter 50

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth	Remarks	Water
10 0	5 Basalt rubble	
5 18	black clay&silt	
18 49	tan silty clay, sand, and some gravel	
49 63	tan clay&basalt gravel	x
63 81	firm black basalt	
81 84	fractured black basalt	x
84 130	hard black basalt	

Completed Depth 130ft

(Measurable)

Date Started 4/29

Completed 5/2/03

14. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the well was completed.

Company Name Bronson Water Wells Firm No 360

Principal Driller Clint Bronson

Date 5/15/03

and

Driller or Operator

Date

Operator

Date

Principal Driller and Rig Operator Required

Operator must have signature of Driller or Operator

FORWARD WHITE COPY TO WATER RESOURCES

SCANNED

JUL 12 2016

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
Lat _____ Long _____
X Air _____ Flowing Artesian _____

1. WELL TAG NO. D 0028974

DRILLING PERMIT NO 807247

Water Right or Injection Well No _____

2. OWNER:

Name Plummer Forest Products, INC

Address P.O. Box 759

City Plummer

State ID Zip 83851

3. LOCATION OF WELL by legal description:

You must provide address or lot, blk, 1/4, or direction to well

Twp 46 North X South

Rge 4 East West X

Sec 18 NW SW

Govt Lot _____ County Benewah

Lat _____ Long _____

Address of Well Site Hwy 95

Lot _____ Blk _____ Sub Name Plummer

12. WELL TESTS:

Pump	Rate	X Air	Flowing Artesian	Time
20			140-225	3hrs

Water Temp cold Bottom hole temp _____
Water Quality test or comments clear

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

		Remarks: Lithology, Water Quality & Temperature	Water	
Depth			Y	N
100	4	fill		
	4	9 tan clay		
	9	12 black clay&cobbles		
	12	18 1/2 firm black basalt		
8	18 1/2	38 " "		
	38	40 soft " "		
	40	62 firm " "		
	62	66 softer black basalt		
	66	86 basalt&clay interbed		
	86	126 firm black basalt		
	126	127 fractured basalt		
	127	130 firm black basalt	x	
	130	131 fractured basalt		
	131	158 firm black basalt	x	
6	158	227 firm black basalt		

4. USE:

Domestic _____ Municipal _____ Monitor _____ Irrigation _____
Thermal _____ Injection _____ ☒ Other log yard

5. TYPE OF WORK check all that apply

☒ New Well ☐ Modify ☐ Abandonment ☐ Other (Replacement etc)

6. DRILL METHOD:

☒ Air Rotar ☐ Cable ☐ Auger ☐ Other

7. SEALING PROCEDURES

Seal Material bentonite From 0 To 18 1/2 400lbs overbore
Was drive shoe used? ☒ Yes ☐ No Shoe Depth 18 1/2
Was drive shoe seal tested? ☐ Yes ☒ No

8. CASING/LINER:

Size 8 +1 1/2 18 1/2 250 steel ☒ ☐

Length of Headpipe _____
Packer ☐ Y ☒ N Type _____ Length of Pipe _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of installation _____

10. FILTER PACK

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

105 ft below ground Artesian pressure ☐ ☒
Depth flow encountered _____ Describe screen, port or control device _____
cap

14. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the log was removed

Company Name Bronson Water Wells Firm No 360

Principal Driller Clint Bronson Date 10/3-03

Driller or Operator _____

Operator _____

Principal Driller and Rig Operator Required
Operator must have signature of Driller/Operator

FORWARD WHITE COPY TO WATER RESOURCES

RECEIVED

Completed 9-26-03

SCANNED

JUL 12 2016

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only
Well ID No _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1 4 1 4
Lat _____ Long _____
Flowing Artesian _____

1. WELL TAG NO. D 00040865
DRILLING PERMIT NO 835166
Water Right or Injection Well No _____

2. OWNER:
Name Plummer Forest Products Inc
Address P.O. Box 759
City Plummer State ID Zip 83851

3. LOCATION OF WELL by legal description:
You must provide address or Lat. & Long. or Direction to well
Twp 46 North X South _____
Rge 4 East _____ West X
Sec 18 NW X SW X
Gov't Benewah County Benewah
Lat: _____ Long: _____
Address of Well Site Hwy 95
City Plummer
Li _____ Blk _____ Sub Name _____

4. USE:
Domestic _____
Thermal _____
Mining _____
Injection _____
Monitor _____
Irrigation _____
Other Log Yard

5. TYPE OF WORK check all that apply
☒ New Well ☐ Modify ☐ Abandonment ☐ Replacement of _____
Other _____

6. DRILL METHOD:
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material Bentonite 0 58 12.5% Pour Around Pipe
Was drive shoe used? ☒ No ☐ Yes
Was drive shoe seal tested? ☒ No ☐ Yes
Seal Depth 58'
Flow Air

8. CASING/LINER:

Depth	From	To	Length	Material	Weight	Used	Removed	Remarks
8"	12	-58	260	Steel	X		X	
6"	-8	-462	200	PVC		X		

Length of Headpipe _____
Packer ☒ Y ☒ N Type _____ Length of Tail Pipe _____

9. PERFORATIONS SCREENS PACKER TYPE

Perforation Method Drill
Screen Type & Method of Installation _____

From	To	Depth	Screen	Material	Weight	Used	Remarks
-322	-462	3/4	220	6"	PVC	X	

10. FILTER PACK

Filter Material none ☐ Yes ☒ No
Filter Weight (lbs) _____
Filter Length (ft) _____

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

146 ft below ground Artesian pressure _____
Depth flow encountered 302 ft Distance of flow part of control device _____
well Cop
46N 46 18

12. WELL TESTS:

Pump _____ Bailer _____
Flowing Artesian _____
100 gpm A. lift from 462'
Water Temp 50° Bottom hole temp _____
Water Quality, test or comments Clear no odor

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth	Remarks	Water
10' 0 4	fill	
4 12	clay - Tan	
12 22	Basalt - Broken	
22 58	Basalt - Gray	
58 63	Basalt - Gray	
63 66	Basalt Broken w/water	
	25 gpm Dried up	
	white drlg.	
66 302	Basalt Gray	
302 305	Basalt - Broken w/water	
	22 gpm	
305 310	clay - Brown	
310 315	clay - light Green	
315 320	Basalt - Black & Brown	
	50 gpm	
320 402	Basalt - Gray	
402 410	clay - Gray w/water	
	28 gpm	
410 420	clay - Gray	
420 462	Basalt - Black	
	100 gpm total	

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NOV 04 2005
IDWR/North

Completed Depth 462' (Measurable)
Date Started 9-21-05 Completed 9-26-05

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 Action Drilling INC. Firm No. 618
Principal Driller and Alvin Carris Date 10-15-05
Driller or Operator II _____ Date _____
Operator I Alvin Carris Date _____
Principal Driller and Rig Operator Required
Operator I must have signature of Driller Operator

SCANNED
JUL 12 2016