

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE  
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN 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

Ident. Number 95-15885

Date Received: 5/18/10

Receipt No: NO24367

Received By: lhu

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) JAMES H. CARHUFF Phone ( ) \_\_\_\_\_

Mailing Address 7630 S. GREENSFERRY Rd Co'A, ID Zip 83814  
Street or Box City State

2. Date of Priority: (Only one per claim) AUG 31, 1973  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other ( ) (a) \_\_\_\_\_  
which is tributary to (b) \_\_\_\_\_

4. Location of Point of Diversion is: Township 50N, Range 4W, Section 30,  
SE 1/4 of NW 1/4, or Govt. Lot \_\_\_\_\_ BM. County of KOOTENAI;  
Parcel (PIN) no. - 4600

Additional points of diversion if any: \_\_\_\_\_

If available, GPS coordinates: \_\_\_\_\_

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, 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.

WELL & PUMP

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from JAN/ to DEC 31 amount 0.03 cfs ( ) or AFY ( )

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed 0.03 cfs ( ) or AFY ( )

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) ONE HOME

SCANNED  
MAY 18 2010

9. Location of Place of Use is: Township 50N, Range 4W, Section 30,  
SE 1/4 of NE 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. \_\_\_\_\_

for (Check One) Domestic ☒ Stock ( ) Domestic and Stock ( ) If different than shown in Item 4

Additional places of use, if any \_\_\_\_\_

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

11. Do you own the property listed above as place of use? Yes ☒ No ( )

If the 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.

\_\_\_\_\_ or None ☒

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use ☒ Posted Notice ( ) License ( ) Permit ( ) Decree ( )

Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

If applicable provide IDWR Water Right Number \_\_\_\_\_

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 ( ) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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) James H. Parkhurst Date: 5/18/10

\_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ of \_\_\_\_\_,  
Title Organization

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

\_\_\_\_\_ of \_\_\_\_\_,  
Title Organization

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

Signature of Authorized Agent \_\_\_\_\_ Date \_\_\_\_\_

Title and Organization \_\_\_\_\_

16. Notice of Appearance:

Notice is hereby given that I, \_\_\_\_\_, 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 \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

SCANNED  
MAY 18 2010

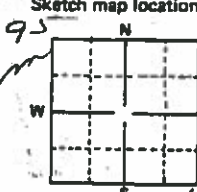
USE TYPEWRITER OR  
BALL POINT PEN

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.

RECEIVED  
MAY 30 1973

| <b>1. WELL OWNER</b><br>Name <u>JAMES CAR KRAFT</u><br>Address <u>COEUR D'ALENE, IDAHO</u><br>Owner's Permit No. <u>95-73-N-58</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |       | <b>7. WATER LEVEL</b><br>Static water level <u>50</u> feet below land surface<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow <u>10</u><br>Temperature <u>Cold</u> ° F. Quality <u>Good</u><br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by <input type="checkbox"/> Valve <input checked="" type="checkbox"/> Cap <input type="checkbox"/> Plug                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                    |            |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|------------|-------|--|----------|-------|--|------|----|-----|----|----|---|----|------------|--|---|--|----|----|-------------|--|---|--|----|----|-----------|--|---|--|----|----|--------|--|---|--|----|----|--------------------|---|--|--|----|-----|------|--|---|--|-----|-----|--------|--|---|--|-----|-----|--------------------|---|--|--|-----|-----|-----------|--|---|--|-----|-----|--------------------|---|--|--|-----|-----|---------|---|--|
| <b>2. NATURE OF WORK</b><br><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Abandoned (describe method of abandoning)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |       | <b>8. WELL TEST DATA</b><br><input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Other <u>Run</u><br>Discharge G.P.M. <u>10</u> Draw Down _____ Hours Pumped <u>2 hrs</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                    |            |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
| <b>3. PROPOSED USE</b><br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Other (specify type)<br><input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |       | <b>9. LITHOLOGIC LOG</b> <table border="1"><thead><tr><th rowspan="2">Hole 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>12</td><td>Brown Clay</td><td></td><td>X</td></tr><tr><td></td><td>12</td><td>28</td><td>Sand &amp; Clay</td><td></td><td>X</td></tr><tr><td></td><td>28</td><td>53</td><td>Gray Clay</td><td></td><td>X</td></tr><tr><td></td><td>53</td><td>55</td><td>Gravel</td><td></td><td>X</td></tr><tr><td></td><td>55</td><td>85</td><td>Decomposed Granite</td><td>X</td><td></td></tr><tr><td></td><td>85</td><td>105</td><td>Clay</td><td></td><td>X</td></tr><tr><td></td><td>105</td><td>120</td><td>Gravel</td><td></td><td>X</td></tr><tr><td></td><td>120</td><td>155</td><td>Decomposed Granite</td><td>X</td><td></td></tr><tr><td></td><td>155</td><td>157</td><td>Sand/Clay</td><td></td><td>X</td></tr><tr><td></td><td>157</td><td>161</td><td>Decomposed Granite</td><td>X</td><td></td></tr><tr><td></td><td>161</td><td>227</td><td>Granite</td><td>X</td><td></td></tr></tbody></table> |                    | Hole Diam. | Depth |  | Material | Water |  | From | To | Yes | No | 8" | 0 | 12 | Brown Clay |  | X |  | 12 | 28 | Sand & Clay |  | X |  | 28 | 53 | Gray Clay |  | X |  | 53 | 55 | Gravel |  | X |  | 55 | 85 | Decomposed Granite | X |  |  | 85 | 105 | Clay |  | X |  | 105 | 120 | Gravel |  | X |  | 120 | 155 | Decomposed Granite | X |  |  | 155 | 157 | Sand/Clay |  | X |  | 157 | 161 | Decomposed Granite | X |  |  | 161 | 227 | Granite | X |  |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Depth |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Material           |            | Water |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | From  | To                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                    | Yes        | No    |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
| 8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 0     | 12                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Brown Clay         |            | X     |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 12    | 28                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Sand & Clay        |            | X     |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 28    | 53                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Gray Clay          |            | X     |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 53    | 55                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Gravel             |            | X     |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 55    | 85                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Decomposed Granite | X          |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 85    | 105                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Clay               |            | X     |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 105   | 120                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Gravel             |            | X     |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 120   | 155                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Decomposed Granite | X          |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 155   | 157                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Sand/Clay          |            | X     |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 157   | 161                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Decomposed Granite | X          |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 161   | 227                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Granite            | X          |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
| <b>4. METHOD DRILLED</b><br><input type="checkbox"/> Cable <input checked="" type="checkbox"/> Rotary <input type="checkbox"/> Dug <input type="checkbox"/> Other                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |            |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
| <b>5. WELL CONSTRUCTION</b><br>Diameter of hole <u>8</u> inches Total depth <u>227</u> feet<br>Casing schedule: <input type="checkbox"/> Steel <input type="checkbox"/> Concrete<br>Thickness _____ Diameter _____ From _____ To _____<br><u>0.25</u> inches <u>6</u> inches <u>1</u> feet <u>197</u> feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>_____ inches _____ inches _____ feet _____ feet<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input checked="" type="checkbox"/> Torch<br>Size of perforation <u>4</u> inches by <u>12</u> inches<br>Number _____ From _____ To _____<br><u>40</u> perforations <u>207</u> feet <u>227</u> feet<br>_____ perforations _____ feet _____ feet<br>_____ perforations _____ feet _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input type="checkbox"/> No Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>12</u> Material used in seal <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Pudding clay <input type="checkbox"/> Well cuttings<br>Sealing procedure used <input type="checkbox"/> Sherry pit <input checked="" type="checkbox"/> Temporary surface casing<br><input type="checkbox"/> Overbore to seal depth |       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                    |            |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
| <b>6. LOCATION OF WELL</b><br>Sketch map location must agree with written location.<br><br>Subdivision Name _____<br>Lot No. _____ Block No. _____<br>County <u>Kootenai</u><br><u>NE 1/4 Sec. 30 T. 50 N. R. 4 W</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |       | <b>10.</b><br>Work started <u>8-31-73</u> finished <u>8-31-73</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                    |            |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       | <b>11. DRILLERS CERTIFICATION</b><br>Firm Name <u>Agua Drilling</u> Firm No. _____<br>Address _____ Date _____<br>Signed by (Firm Official) <u>Robert Brown</u><br>and<br>(Operator) <u>Bill D. Murphy</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                    |            |       |  |          |       |  |      |    |     |    |    |   |    |            |  |   |  |    |    |             |  |   |  |    |    |           |  |   |  |    |    |        |  |   |  |    |    |                    |   |  |  |    |     |      |  |   |  |     |     |        |  |   |  |     |     |                    |   |  |  |     |     |           |  |   |  |     |     |                    |   |  |  |     |     |         |   |  |

SCANNED  
MAY 18 2010