

TERVORT PIN 52N04W-22-2770





WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.RECEIVED
OCT 20 1983
Department of Water Resources

1. WELL OWNER

Name GLENN OR ELLEN TERVOOT
Address NO 2904 Atlas Rd. Rathdrum, Id.
Owner's Permit No. 95-83-N-64 83R58

7. WATER LEVEL

Static water level 270 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☒ Cap ☐ Plug
Temperature cold °F. 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 ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>50</u>	<u>-</u>	<u>2 hr.</u>

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>1.50</u> inches	<u>6</u> inches	<u>2</u> feet	<u>311</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 ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ TorchSize 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 ☐ CuttingsSealing procedure used: ☐ Slurry pit ☒ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision _____
Lot No. _____ Block No. _____

County KootenaiNE 1/4 11W 1/4 Sec. 22, T. 52 N, R. 4 E

10.

Work started 9/21/83 finished 9/27/83

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name Associated Well
Drillers Inc. Firm No. 245Address Box 723 C.O.A. Date 9/27/83Signed by (Firm Official) S. Dan Betheland
(Operator) Robert F. Deppa

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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 JIM DUVAL
Address P. O. BOX 543 Hayden Lake, Id 83835
Owner's Permit No. 95-88-N-26

7. WATER LEVEL

Static water level 272 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 _____
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 ☐ Baller ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>15 Plus.</u>	<u>315</u>	<u>1</u>

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>.025</u> inches	<u>6</u> inches	<u>2 1/2</u> feet	<u>316 1/2</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was 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	_____ 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 _____

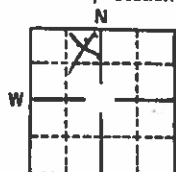
Placed from _____ feet to _____ feet

Surface seal depth 19 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KootenaiNE 1/4 NW 1/4 Sec. 22, T. 52 N., R. 4 E.

10.

Work started 4-13-88 finished 5-10-88

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name ASSOCIATED DRILLING INC. Firm No. 414Address P. O. BOX 819 Cd'A Id. 83814 Date _____Signed by (Firm Official) Jeff Willett

and

(Operator) JEFF WILLETT

COMPANION SHEET FOR LAND NOT SUBDIVIDED

TOWNSHIP	RANGE	SECTION	PARCEL NO.	GRANTOR	GRANTEE	REMARKS	DEED TYPE	DATE	BOOK & PAGE	SURVEY REF. NO.
52N04W	22	2770	JAMES E DUVAL	"	BROKE OUT (38-570-9)					
			FRED L.SLEEZER	GLENN F. TERVORT	NON CONTG. PARCEL			2/23/81		
			F.E. STALDER	CREDIT BUREAU	AIBRECHT, NORMAN R. - FEE OWNER			M _c /5/19/81	113	
			SHERRIFF	OF SHOSHONE CO.	NAME/ADD CHG. INDEXED OF SALE			5/140	439	
					ENTITLED TO DEED 10-23-85			5/140	207	
			"	"	NIM CHG C/B (DEDUDED CLERK'S INT. IN CONTRACT EQUITY)			SHERIFF 11/185	340	
			CREDIT BUREAU OF SHOSHONE CO.	GLENNA F. TERVORT ETUX	NM/ADD CHG C/B			D _c 2/6/86	341	
			James E. Duval etux	"	Nm. chg. fee-to Tervort (81)			w 11/94	1336939	
			Fred L. Sleezer etux	Glenn F. & Ellen I. Tervort H/w	Index-clears title			D _c 2/23/94	1342351	
			Norman R. & Violette Albrecht H(w)	James E. Duval etux & Jnt. Es.				f _v 10/28/94	1375917	
			"	Fred L. Sleezer etux	Index-clears title (80)					

IMPROVEMENT DATA

PHYSICAL CHARACTERISTICS

Occupancy: single family

Story Height: 1.0

Attic: None

Basement: None

ROOFING

Material: Comp sh to 235#

Type: Gable

Framing: Std for class

Pitch: Medium 5/12-8/12

FLOORING

Sub & Joists 1.0

EXTERIOR COVER

T 111 plywood 1.0

INTERIOR FINISH

Plaster or Dry Wall 1.0

ACCOMMODATIONS

Finished Rooms 4

Bedrooms 2

HEATING AND AIR CONDITIONING

Primary Heat: Forced hot air-gas

Full Part

B 1 Upper Upper

PLUMBING

TF

Full Baths 1 3

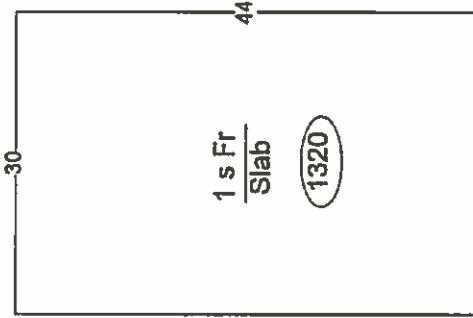
Kit Sink 1 1

Water Heat 1 1

TOTAL 5

REMODELING AND MODERNIZATION

Amount Date



Construction	Base Area	Floor Area	Sq Ft	Value
1 Wood frame w/sh	1320	1.0	1320	40870

0 Crawl ---- -2390

TOTAL BASE 38480

Row Type Adjustment 1.004
SUB-TOTAL 38480

0 Interior Finish 1570
0 Ext Lvg Units 0
0 Basement Finish 0
Fireplace 0
Heating 3700
Air Condition 0
Frame/siding/Roof 1270
Plumbing Fixtures: 1480

SUB-TOTAL ONE UNIT 46500
SUB-TOTAL 0 UNITS 46500

Exterior Features
Description Value
Garages
0 Integral 0
0 Att Garage 0
0 Att Carports 0
0 Bent Garage 0
Ext Features 0

SUB-TOTAL 46500
Quality Class/Grade Low

GRADE ADJUSTED VALUE 46500

SUMMARY OF IMPROVEMENTS

SPECIAL FEATURES

Description	Value	ID	Use	Story	Const	Year	Eff	Base	Feat-	Adj	Size or	Computed	Phys Obscl	Market	4	Value
D DWELL	0.00	01	SHRDP	0.00	1	Low	1985	1985	P	0.00	N	0.00	0	46500	25	0 90 100 31390
				0.00	1	AVG	1984	1984	AV	0.00	N	0.00	720	0	0 90 100 1300	

Data Collector/Date Appraiser/Date Neighborhood Supplemental Cards TOTAL IMPROVEMENT VALUE 32690

ONE 06/10/99 QNE

Neighborhood Weigh 1201 AV

Supplemental Cards TOTAL IMPROVEMENT VALUE

32690