

RECEIVED

02/09/2018

FEB 26 2018

DEPARTMENT OF
WATER RESOURCES

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: March 30, 2018

Water right number: 95-13702

NED HORNER
7553 S GREENSFERRY RD
COEUR D ALENE ID 83814
Telephone Number: 2086670151

CATHERINE CONLEY
7553 S GREENSFERRY RD
COEUR D ALENE ID 83814
Telephone Number: 2086670151

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

Priority Date

2. Describe the changes you wish to make in the proposed recommendation:

Amend priority date from 08/10/2009 to
04/23/2009

3. Give a brief explanation as to why you disagree with these portions:

Our well was drilled and pump tested on
04/23/2009. Please see attached IDWR well drillers
report.

I AGREE with this proposed recommendation: no changes need to be made.

DATE:

2/21/2018

SIGNATURE:

Ned Horner

Please print your name:

Ned Horner

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 56496
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:
Name Ned Horner
Address 7553 S. Greenferry Rd
City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 50 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 30 SW 1/4 SE 1/4
Gov't Lot _____ 160 acres
County Kootenai
Lat: _____ Long: _____
Address of Well Site 7553 S Greenferry
City Coeur d'Alene
Lt. 3 Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

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

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

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	65	20-30 SACKS	Overbored

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 65'
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6 1/2	65	1250	STEEL		☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE
Perforation Method SAW CUT
Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
380	400	1/8x6	60	4"	PVC		☒
160	140	1/8x6	30	4"	PVC		☒
120	100	1/8x6	30	4"	PVC		☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
55 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ : _____ : _____ Long: _____ : _____ : _____

12. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8			4 Hours

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 112

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	3	Clay Soil		☒
10	3	50	Decomposed GRANITE		☒
10	50	57	Weathered GRANITE		☒
10	57	62	Decomposed GRANITE		☒
10	62	65	GRANITE		☒
6	65	90	GRANITE		☒
6	90	93	Fractured weather GRANITE		☒
6	93	112	GRANITE		☒
6	112	116	Fractured GRANITE (2 GPM)	☒	
6	116	165	GRANITE		☒
6	165	166	Fractured GRANITE (3 GPM)	☒	
6	166	187	GRANITE		☒
6	187	188	Fractured GRANITE		☒
6	188	297	GRANITE		☒
6	297	349	Fractured GRANITE		☒
6	349	367	GRANITE		☒
6	367	369	Fractured GRANITE (3 GPM)	☒	
6	369	381	GRANITE		☒
6	381	382	Fractured GRANITE		☒
6	382	400	GRANITE		☒

RECEIVED
APR 27 2009
IDWR / NORTH

Completed Depth 400'
Date: Started 4-21-09 Completed 4-23-09

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 Horsley Drilling Firm No. 632
Principal Driller C. Mark Horsley Date 4-23-09
and _____
Driller or Operator II _____ Date _____
Operator I _____ Date _____

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

FORWARD WHITE COPY TO WATER RESOURCES