

02/09/2018

RECEIVED

MAR 16 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: 95-13533

BYRON N BUBLITZ
PO BOX 827
RATHDRUM ID 83858

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

- NAME
- QUANTITY (2 PLACES)

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

- ADD NAME: SHANNA V. BUBLITZ
- QUANTITY: 40 gpm (0.089 cfs) (ALSO "PERIOD OF USE: QUANTITY")

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

- BOTH HUSBAND AND WIFE'S NAME ON LEGAL DOCUMENT
- CORRECTION OF QUANTITY BASED ON ORIGINAL WELL DRILLERS REPORT (INCLUDED)

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

DATE: 03/08/2018 SIGNATURE: Byron N. Bublitz
Please print your name: BYRON N. BUBLITZ

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D ALENE, ID 83815-7763, (208) 762-2800

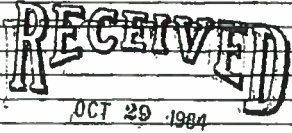
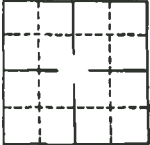
NOTE: WE SPOKE WITH CARTER FRITSCHLE REGARDING
THESE CORRECTIONS AT A MEETING ON MARCH 7, 2018.

Form 238-7
9/82STATE 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 <u>LARRY R. WRIGHT</u> Address <u>51455 S. 2nd St. Peoria, IL</u> Owner's Permit No. <u>95-84-N-17</u>	7. WATER LEVEL Static water level <u>135</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 <u>cold</u> °F. Quality <u>Excellent</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 _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>40</u></td> <td><u>Variable</u></td> <td><u>1/2 hr.</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>40</u>	<u>Variable</u>	<u>1/2 hr.</u>																																		
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <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><u>8</u></td> <td><u>0</u></td> <td><u>52</u></td> <td><u>Decomposed Granite</u></td> <td> </td> <td><u>Y</u></td> </tr> <tr> <td> </td> <td><u>52</u></td> <td><u>58</u></td> <td><u>Granite</u></td> <td> </td> <td><u>X</u></td> </tr> <tr> <td><u>6</u></td> <td><u>58</u></td> <td><u>375</u></td> <td><u>Granite</u></td> <td> </td> <td><u>X</u></td> </tr> <tr> <td> </td> <td><u>375</u></td> <td><u>441</u></td> <td><u>Green Soft Granite</u></td> <td><u>X</u></td> <td> </td> </tr> <tr> <td> </td> <td><u>441</u></td> <td><u>410</u></td> <td><u>Granite</u></td> <td> </td> <td><u>X</u></td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>8</u>	<u>0</u>	<u>52</u>	<u>Decomposed Granite</u>		<u>Y</u>		<u>52</u>	<u>58</u>	<u>Granite</u>		<u>X</u>	<u>6</u>	<u>58</u>	<u>375</u>	<u>Granite</u>		<u>X</u>		<u>375</u>	<u>441</u>	<u>Green Soft Granite</u>	<u>X</u>			<u>441</u>	<u>410</u>	<u>Granite</u>		<u>X</u>
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	 OCT 29 1984 Department of Water Resources  OCT 25 1984 Department of Water Resources																																								
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>250</u> inches</td> <td><u>6</u> inches</td> <td><u>0</u> feet</td> <td><u>58</u> feet</td> </tr> <tr> <td><u>160 PVC</u> inches</td> <td><u>4</u> inches</td> <td><u>50</u> feet</td> <td><u>410</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> 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 <u>1/4</u> inches by <u>1/4</u> inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>50</u> perforations</td> <td><u>370</u> feet</td> <td><u>390</u> feet</td> </tr> <tr> <td><u>50</u> perforations</td> <td><u>330</u> feet</td> <td><u>350</u> feet</td> </tr> <tr> <td><u>50</u> perforations</td> <td><u>250</u> feet</td> <td><u>270</u> feet</td> </tr> </tbody> </table> 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>50</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ Cuttings 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 _____	Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>0</u> feet	<u>58</u> feet	<u>160 PVC</u> inches	<u>4</u> inches	<u>50</u> feet	<u>410</u> feet									Number	From	To	<u>50</u> perforations	<u>370</u> feet	<u>390</u> feet	<u>50</u> perforations	<u>330</u> feet	<u>350</u> feet	<u>50</u> perforations	<u>250</u> feet	<u>270</u> feet	10. Work started <u>7/6/84</u> finished <u>7/9/84</u>								
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location.  Subdivision Name <u>1/2 of Gov't Lot 29</u> Lot No. _____ Block No. _____ County <u>KOOTENAI</u> <u>1/4</u> Sec. <u>4</u> T. <u>5</u> N. S. R. <u>5</u> E. W.	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Drillers Inc</u> Firm No. <u>245</u> Address <u>Box 723 C.D.A.</u> Date <u>7/10/84</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>Robert F. Regitz</u>																																								

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT