

02/09/2018

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: 95-14315

JOHN T SCANLON
21905 W RIVERVIEW DR
POST FALLS ID 83854
Telephone Number: 2087777239

BARBARA SCANLON
21905 W RIVERVIEW DR
POST FALLS ID 83854
Telephone Number: 2087777239

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

Quantity

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

Based upon the quantity of 0.040 cfs, the output per day should be increased to reflect 25,805 Gallons per Day

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

The calculation of output is as follows:

17,952 Gallons per Minute

17,952 Gallons per Minute multiplied by 60 minutes per hour = 1075.2 Gallons per Hour

1075.2 Gallons per Hour multiplied by 24 hours per day = 25,804.8 Gallons per Day (rounded to 25,805 Gallons per Day)

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

DATE: 03-20-2018

SIGNATURE:

Please print your name:

JOHN T. SCANLON

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

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by	Twp	Rge	Sec
	1/4	1/4	1/4
Lat	:	:	Long

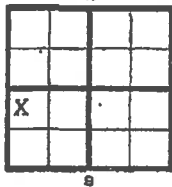
1. WELL TAG NO. D5223

Drilling Permit No: 95-98-N-140
Other IDWR No. _____

2. OWNER SCANLON, JACK Well Number: 750

Address 6995 W RIVERVIEW
City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South
Rge. 08 ☐ East or ☒ West
Sec. 12 1/4 NW 1/4 SW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site STATELINE
City POST FALLS

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ 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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	3/3	SLURRY/Granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 150
Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	150	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

116 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

50N 6W 12

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15+			1 HR

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore		From		To	Remarks: Lithology, Water Quality, Temperature	Water	
Diam						Y	N
10		0			Topsoil	☐	☒
10				18	Gravel & Sand	☐	☒
8		18		79	Gravel & Sand	☐	☒
8		79		110	Gravels Sand W/Clay	☐	☒
8		110		120	Gravels & Sand	☐	☒
8		120		150	Gravels W/Coarse Sand	☒	☐
					Bolt on Cap	☐	☐

RECEIVED

AUG 19 1998

NORTHERN REGION
IDWR

Completed Depth 150' (Measurable)
Date: Started 8/13/98 Completed 8/13/98

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O Well Service, Inc. Firm N 448
Firm Official [Signature] Date 8 13 98
and
Supervisor or Operator [Signature] Date 8/13/98
(Sign Once if Firm Official and Operator)

(Todd Morgan)