

Evidence of priority for claim 87-12234



Identify from:  Parcels

Parcels

FULLER, MARK A

Location: 2,271,608.144 1,739,531.838 Me

Field	Value
ID	11835312
UPDATED	1/22/2020
PIN	RP016950000020
OWNER	FULLER, MARK A
ADDRESS1	305 LEVERETT ROAD
ADDRESS2	
CITY	AMHERST
STATE	MA
ZIPCODE	01002
P_ADDRESS	1075 SADDLE RIDGE RD
P_ZIPCODE	83843
SUB_NAME	HORN ADDITION
LEGAL1	LOT 2
LEGAL2	HORN ADDITION
LEGAL3	8 40 5
LEGAL4	
LEGAL5	
LEGAL6	
ACRES	5.7
COUNTY	Latah
SOURCE	mail
YEAR_BUILT	1996

RECEIVED

Form 238-7

3/95
OCT 15 1996

NORTH IDWR



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

96054

Office Use Only

Inspected by _____

Twp _____ Rge _____ Sec _____

1/4 1/4 1/4

Lat: _____ Long: _____

Air _____ Flowing Artesian _____

1. DRILLING PERMIT NO 87-96-C-0018

Other IDWR No. _____

2. OWNER:

Name Ed ShipleyAddress 1212 JuniperCity Moscow State ID Zip 83843

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		Twp. <u>40</u>		North ☒ or South ☐	
E		Rge. <u>5</u>		East ☐ or West ☒	
S		Sec. <u>8</u>		1/4 <u>SE</u> 1/4 <u>SW</u> 1/4	
W		Gov't Lot _____		County <u>Idaho</u> 160 acres	
		Lat: _____		Long: _____	

Address of Well Site _____

City _____

(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	1	23	10 bags		Dry

Was drive shoe used? ☒ N Shoe Depth(s) _____Was drive shoe seal tested? ☒ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6" + 2</u>	<u>78</u>	<u>250</u>	<u>Steel</u>	<u>Steel</u>	☒	☐	☒	☐

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:

14 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

SESW 8 40N 5

FORWARD WHITE COPY TO WATER RESOURCES

11. WELL TESTS:

☐ Pump ☐ Bailor

Yield gal./min.	Drawdown	Pumping Level	Time
<u>15 gpm</u>			

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: Good

Depth first Water Encountered _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>2</u>	<u>clt</u>		
<u>2</u>	<u>21</u>	<u>100</u>	<u>broken granite</u>	☒	

Completed Depth 85 ft (Measurable)Date: Started May 28, 96 Completed May 29, 96

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 Whitcomb Drilling Firm No. 125Firm Official Ray Whitcomb Date May 31, 96and Supervisor or Operator Jim Whitcomb Date May 31, 96

(Sign once if Firm Official & Operator)