

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

857458

1. WELL TAG NO. D 0053172Drilling Permit No. _____
Water right or injection well # _____

2. OWNER:

Name Leonard & Kay WallaceAddress PO Box 126City New Meadows State Id. Zip 83654

3. WELL LOCATION:

Twp. 19 North ☒ or South ☐ Rge. 2 East ☒ or West ☐Sec. 8 1/4 NE 1/4 SE 1/4Gov't Lot _____ County AdamsLat. 44 0 59.245 (Deg. and Decimal minutes)Long. 116 0 13.906 (Deg. and Decimal minutes)Address of Well Site 3290 Wallace LaneCity New Meadows

(Time at least 200 ft. or more - Distance to Road or Landmark)

Lot _____ Blk _____ Sub Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
Bent	0	12	300 Lb	Pour
cem	12	35	2.5 yds	Pump

8. CASING/LINER: Bent

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6.6	1	493	250	Steel	☒	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 493

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Hold-Down HoleManufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
440	488 1/2	2	9	6"	Steel	250

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? ☒ Y ☐ N Artesian Pressure (PSIG) 5Describe control device FLANGE CAP w/ 3/4 NPT PLUG

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 4 Static water level (ft) 110Water temp. (°F) 65 Bottom hole temp. (°F) 65Describe access port FLANGE CAP w/ 3/4 NPT PLUG

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
488(A)	15	240	☐	☐	☒	☒
0(R)	.5				☒	☒

Water quality test or comments:

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water
				Y N
12.7	0	3	Adobe Clay	
10.7	3	5	Gravel	X
10.7	5	10	Cemented Gravel	
10.7	10	18	Clay & Boulders	X
10.7	18	20	Gravel	X
10.7	20	23	Comp. Gravel & Clay	X
10.7	23	28	Gravel Boulders & Clay	X
10.7	28	34	Blue Clay	X
10	34	71	Blue Clay	X
10	71	125	Brown Clay	X
8	125	315	Brown Clay	X
2.5	315	444	Brown Clay	X
2.5	444	486	Boulders & Gravel & Sand	X
2.5	486	491	Red-Brown Clay	X
2.5	491	493	Dark Gray Brn Clay	X
6	493	508	Dark Gray Brn Clay	X
6	508	540	Brown-Black Clay	X
6	540	546	Blue Clay	X
6	546	556	Brown Clay	X

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WATER RESOURCES
WESTERN REGIONCompleted Depth (Measurable): 493Date Started: 8-24-09 Date Completed: 9-20-09

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 Rob Dawson, Inc. Co. No. 589Principal Driller Rob Dawson Date 10-27-09

Driller _____ Date _____

Operator II _____ Date _____

Operator I _____ Date _____

Signature of Principal Driller and rig operator are required.

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Thereby certify this is a copy of the original.

Christy A. Ward

EXHIBIT

11
Applicant

Idaho Dept. of Water Resources

Write Tag Number Here

Start Card/Permit - Single Family Domestic Well Only

(Cold Water less than 85 degrees F.)

1. Owner's Name (please print): Leonard & Kay Wallace
2. Owner's Mailing Address: P.O. Box 126
City: New Meadows State: ID Zip Code: 83654 Telephone (208) 347-2446
3. Proposed Well Location: Twp. 19N, Rge. 2E, Sec. 8, 1/4 NE 1/4 SE 1/4
Gov't Lot No. _____ County Adams Lat. 44: 59: 24S Long. 116: 13: 90W
Street Address of Well Site 3790 Wallace Lane SE City New Meadows
Must give at least name of road + Distance to Road or Landmark

Lot _____ Block _____ and Subdivision OF Cemetery Rd

4. Are all adjacent septic tanks and drain fields accurately located? By Property Owner: Yes [] No [], By Health District: Yes [] No []

5. Well Construction Information:

A. [X] New well [] Replace [] Deepen [] Modify Previous well #: _____ B. Proposed Casing Dia. 4" C. Proposed Maximum Depth: 40'

6. Construction Start Date: 3-24-07 7. Well Driller: Robert Dawson, Jr. Driller's Lic. No. 887

8. The Driller hereby accepts the terms and conditions of the Start Card/Permit.

Driller's Signature: Robert Dawson Date: 3-24-07

9. The Well Owner affirms to have read this Start Card/Permit, validates its accuracy and accepts the conditions.

Owner's Signature: _____ Date: _____

CONDITIONS FOR USE OF START CARD:

1. This permit authorizes the construction or modification of one domestic well for a single-family residence. No additional residences, businesses, or dwellings may be connected to this well without a valid water right. Limited to irrigation of 1/2 acre lawn/garden and 13,000 gpd.
2. This form must be complete, including the prepaid tag number and signature of the driller. The owner should sign the start card after reviewing these conditions. Mailing must take place no less than 72 hours prior to construction (Dept. address below), hand delivered or faxed to the Dept. prior to commencing construction. The start construction date shall be no more than 10 days after the Department receives the permit. An incomplete form will not be considered a valid permit to drill.
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare. All wells must be drilled a minimum distance of 100' from a drain field. Domestic wells must be drilled a minimum of 50' from a septic tank.
4. Only Well Drillers licensed in Idaho may use a Start Card for construction of a well. The driller shall maintain a copy of the Start Card and the well I.D tag at the drilling site during construction.
5. This drilling permit does not authorize trespass on the land of another party.
6. This drilling permit does not constitute other local, county, state or federal approvals, which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85 F. or greater is encountered, well construction shall cease and the well driller shall contact the Department immediately.
9. Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Digline is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Digline" Number for your area is 1-800-342-1585.
10. The stainless steel I. D. tag must be welded to the well casing upon completing the well and must remain permanently attached above ground level for the life of the well. Other tags may be added following a repair or modification of the well. The well driller is responsible for permanently attaching the I.D. tag to the casing upon completing the well. The well tag shall be attached by welding at least 3 sides or using Four (4) stainless steel, closed-end pop rivets.
11. A start card is not valid for drilling in Areas of Drilling Concern, Critical Groundwater Areas, Groundwater Management Areas or Areas Identified by the Department as Contaminated.
12. The possession of a well tag does not authorize construction of a well.
13. Any well being replaced by a new well, shall be properly abandoned by the well driller prior to removing the drilling equipment, unless otherwise authorized by the department.

Effective Feb. 1, 2005

Your Start Card/Application and Tag purchase may be submitted to one of the following offices:

Western Region

Idaho Department of Water Resources
2735 Airport Way Boise, ID 83705-5082
Phone: (208) 334-2190 Fax: (208) 334-2348

Northern Region

Idaho Department of Water Resources
1910 Northwest Blvd., STE 210 Coeur d'Alene, ID 83814-2615
Phone: (208) 769-1450 Fax (208) 769-1454

Eastern Region

Idaho Department of Water Resources
900 North Skyline Drive STE A Idaho Falls, ID 83402-1718
Phone: (208) 525-7161 Fax: (208) 525-7177

Southern Region

Idaho Department of Water Resources
1341 Fillmore Street, STE 200 Twin Falls, ID 83301-3380
Phone: (208) 736-3033 Fax (208) 736-3037