

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-9484

Exam Date: 8/19/2015

1. Current Owner: KOOTENAI MEDICAL CENTER
2003 KOOTENAI HEALTH WAY
COEUR D'ALENE ID 83814
(208)666-3466
2. Accompanied by: Peter, Tom Richardson – H2O well service (phone call to verify pump sizes 1/21/16)
Phone No: 208-625-6257
Relationship to Permit Holder: Facility Manager

3. SOURCE

TRIBUTARY

GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: None
2. Other water rights with the same point of diversion: None

C. DIVERSION AND DELIVERY SYSTEM

1. LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER L2 SW1/4NE1/4 Sec. 11, Twp 50N, Rge 04W, B.M. KOOTENAI County

GROUND WATER L2 SW1/4NE1/4 Sec. 11, Twp 50N, Rge 04W, B.M. KOOTENAI County

Method of Determination: GPS and maps. PODs located at: Injection well - 47° 41.824, 116° 47.662 (D0054609) (A0015475)

Supply wells - 47° 41.824, 116° 47.569 (D0054610) (A0015474), 47° 41.823, 116° 47.574 (D0054611) (A0015473)

2.

PLACE OF USE: COOLING

[illegible]

PLACE OF USE: HEATING

[illegible]

Method of Determination: GPS and maps.

3. ☐ Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
- ☒ Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
- ☒ Aerial Photo Attached (required for irrigation of 10+ acres).
- ☒ Photo of Diversion and System Attached

4.

<u>Well or Diversion</u> <u>ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge</u> <u>Size</u>
D0054610		30			
D0054611		30			

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

<u>Measurement</u> <u>Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
FLOW METER ON SYSTEM						

2. Measurements: WITNESSED 288 GPM ON FLOW METER ON SYSTEM THAT WAS SET UP ON COMPUTER SYSTEM. FLOW WAS NOT AT 100% OF SYSTEM CAPACITY.

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

Measured Method: UNABLE TO PERFORM FLOW MEASUREMENT BECAUSE THERE WAS NO ADEQUATE SPACE TO HOOK UP FLOW METER. THE SYSTEM WAS NOT RUNNING AT 100% CAPACITY EITHER. DEMAND ON THE SYSTEM WAS LOW BECAUSE IT WAS DURING THE MORNING SO SYSTEM WAS ONLY RUNNING AT ABOUT 50% CAPACITY. THEORETICAL PUMPING EQUATION ESTIMATES

$(30 \text{ HP})(8.8)(0.8) / 315 + (15.6 \times 2.3087) = 0.603 \text{ CFS PER WELL}$

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$$

$$V_{DR} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 =$$

$$V = \text{Smaller of } V_{IR} \text{ and } V_{DR} =$$

2. Volume Calculations for Other Uses:

HEATING: 1.21 CFS X 200 DAYS OF USE X (18 HOURS / 24 HOURS) 0.75 X 1.9835 = 360 AF

COOLING: 1.21 CFS X 165 DAYS OF USE X (18 HOURS / 24 HOURS) 0.75 X 1.9835 = 297 AF

G. NARRATIVE/REMARKS/COMMENTS

FIELD EXAM SHOWED TWO SUPPLY WELLS (D0054610 AND D0054611) EACH WITH 30 HP PUMPS. THERE WAS ONE INJECTION WELL (D0054609). H2O WELL SERVICE VERIFIED THAT WERE TWO 30 HP PUMPS IN HEATING AND COOLING SUPPLY WELLS. FIELD EXAMINER COULD NOT FIND ANYTHING DURING SITE VISIT TO IDENTIFY WHAT SIZE PUMPS WERE IN WELLS EXCEPT FOR SUPERVISORS WORD. APPLICANT SHOWED COMPUTER SYSTEM SHOWING GPM AND AT WHAT PSI SYSTEM WAS RUNNING AT. SYSTEM WAS NOT RUNNING AT 100 PERCENT CAPACITY BECUASE THAT MUCH DEMAND WAS NOT NEEDED IN EARLY MORNING. THEORETICAL PUMPING EQUATION WILL BE USED TO GIVE APPLICANT THE FULL AMOUNT OF WATER THAT PUMPS CAN PRODUCE. THEORETICAL PUMPING EQUATION ESTIMATES FLOW AT 270.4 GPM PER WELL. LICENSE WILL BE ISSUED FOR 1.21 CFS WITH AN ANNUAL VOLUME OF 657 AF.

Have conditions of permit approval been met? ☒ Yes ☐ No

H. RECOMMENDATIONS

1. Recommended Amounts

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
COOLING	01/01 to 12/31	1.210 CFS	297.00 AF
HEATING	01/01 to 12/31	1.210 CFS	360.00 AF
<u>Totals:</u>		1.210 CFS	657.00 AF

2. Recommended Amendments

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

I. AUTHENTICATION

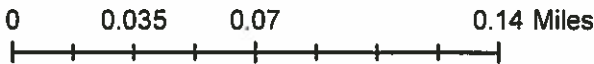
Field Examiner's Name Adam Friedman Date 1-22-2016

Reviewer Keith E. Frankland Date 1-25-2016

State of Idaho
Department of Water Resources
Water Right License
95-9484

04W

50N



- Point of Diversion
- Place Of Use Boundary
- Townships
- PLS Sections



THEORETICAL PUMPING EQUATION FOR WATER RIGHT 95-9484

PUMP EQUATIONS WATER RIGHT No. 95-9484						
		HP	H in feet	Efficiency as a decimal	Pumping lift in feet	System pressure in PSI
Q =	$\frac{HP \cdot 8.8 \cdot \text{Eff}}{H}$	30	351.0816	0.8	315	15.6
Q = 0.603 cfs 270.4 gpm						

EACH WELL IS SET TO PERFORM THE SAME. VERIFIED WITH H2O WELL AND PUMP SERVICE WHO INSTALLED WELL AND PUMPS. SYSTEM PSI WAS KEPT THE SAME, BECAUSE AT TIME OF EXAM SYSTEM WAS ONLY PERFORMING AT ABOUT 50% OF CAPACITY.

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0054609

Drilling Permit No:

Other IDWR No.

2. OWNER

Name KOOTENAI MED. CENTER

Well Number:

1424

Address 2003 LINCOLN WAY

City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N	
W	E
S	

Twp. 50N ☒ North or ☐ South
Rge. 04W ☐ East or ☒ West
Sec. 11 1/4 SW 1/4 NE 1/4
Gov't Lot County KOOTENAI
Latitude: Longitude:

Address of Well Site 95 & Ironwood

City COEUR D'ALENE

(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	700 LBS	TEMP/OVERBOR

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

Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
10	+2	325	.250	STEEL	☒	☐	☒	☐

Length of Headpipe 5 Length of Tailpipe 1

9. PERFORATIONS/SCREENS

Perforations		Method					
☒ Screens	Screen Type	JOHNSON SS					
From	To	Slot Size	Number	Diameter	Material	Casing	Liner
326	356	.60		10	SS	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

160 ft. below ground Artesian pressure lb.

Depth flow encountered 296 ft. Describe access port or control devices:

11. WELL TESTS:

☐ Pump	☐ Bailer	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
300+			4 HRS

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 160

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water
18	0	3	Top Soil	☒
18	3	18	Sand & Gravels	☒
12	18	250	Sand & Small Gravels	☒
12	250	348	Coarse Sand & Gravels	☒
12	348	356	Coarse Sand & Lg Broken Basalt	☒

RECEIVED

JUL 9 1 2008

IDWR/North

Completed Depth 356 (Measurable)
Date: Started 5/28/2008 Completed 6/19/2008

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 WellService, Inc. Firm No. 448

Firm Official Tom Richardson Date

and

Supervisor or Operator Todd Morgan Date 6/20/2008

TODD MORGAN (Sign Once if Firm Official and Operator)

50N 04W 11

Form 235-1

1/31/03

Drilling Permit No. 851781Drilling Permit I.D. Tag No. 00054609Water Right Permit No. 95-9484Injection Permit No. 95W007001Receipt no. N019273

State of Idaho

Department of Water Resources

APPLICATION FOR DRILLING PERMIT
(FOR THE CONSTRUCTION OF A WELL)1. Owner (please print): Kootenai Medical Center2. Mailing Address: 2003 Lincoln WayCity: Coeur d' Alene State: ID Zip Code: 83814 Telephone: (208) 666-34663. Proposed Well Location: Twp. 50 N Rge. 04 W Sec. 11 SW NE 1/4;Gov't Lot No. _____ County: Kootenai Lat. _____ Long. _____Street Address of Well Site _____ City: Coeur d' Alene

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

Lot, block and subdivision _____

4. Proposed Use of Well:

- ☐ DOMESTIC: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/4 acre of land, if the total use is not in excess of 13,000 gpd; or any other user, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

NON-DOMESTIC: ☐ Irrigation ☐ Municipal ☐ Industrial
☐ Livestock ☐ Test ☐ Other _____
 Type _____ Number _____ Hd. _____ (Describe)

☒ INJECTION

- ☐ MONITORING: A well bore schematic and map is required for each blanket permit. No. of proposed wells: _____

5. Well Construction Information:

A. ☒ New well ☐ Modify ☐ ReplaceB. Proposed Casing Diameter 10" Proposed Maximum Depth 360'

C. Anticipated bottom hole temperature:

☒ 85 F or less

(Cold Water Well)

☐ 85 F to 212 F

(Low Temp. Geo. Well)

☐ 212 F. or more

(Geothermal Well)

6. Construction Start Date: May 28, 20087. Anticipated Well Driller: H2O Well Service Inc.Driller's Lic. No. 448

NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's Signature: Don Dolan Date: 5/27/08

Address (if different than owner): _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Title: _____
(Owner, Firm Representative, Other)

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. D0054610

Drilling Permit No:

Other IDWR No.

851591

2. OWNER

Well Number:

Name KOOTENAI MEDICAL CENTER

1417

Address 2003 LINCOLN WAY

City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

W	N	Twp. 50N	☒ North or ☐ South
		Rge. 04W	☐ East or ☒ West
		Sec. 11	1/4 SW 1/4 NE 1/4
		Gov't Lot	County KOOTENAI
Latitude:		Longitude:	

Address of Well Site HWY 95 & Ironwood

City COEUR D'ALENE

(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	700 LBS	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1	334	.250	STEEL	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

- ☐ Perforations Method
☒ Screens Screen Type JOHNSON

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
335	355	.60	2	8	SS	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

160 ft. below ground Artesian pressure lb.

Depth flow encountered 210 ft. Describe access port or control devices:

50N 04W 11

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
200+			2 HRS

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 210

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
14	0	3	Top Soil	☐ Y	☒ N
14	3	18	Sand & Gravels	☐ Y	☒ N
10	18	250	Sand & Small Gravels h2o 210'	☒ Y	☐ N
10	250	348	Coarse Sand & Gravels	☐ Y	☒ N
10	348	355	Coarse Sand & Broken Basalt	☐ Y	☒ N

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NOV 05 2008

IDWR/North

Completed Depth 355 (Measurable)
 Date: Started 6/2/2008 Completed 6/5/2008

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 WellService Inc. Firm No. 448
 Firm Official *James R. McLeslie* Date 10-15-07
 and
 Supervisor or Operator *Jim McLeslie* Date 6/6/2008
 JIM McLESLIE (Sign Once if Firm Official and Operator)

Revised
May 29

SCANNED
2008

MAY 28 2008

Drilling Permit No. 851591

Drilling Permit I.D. Tag No. D0054610

Water Right Permit No. 95-9484

Injection Permit No.

Receipt NO. N019273

State of Idaho

Department of Water Resources

APPLICATION FOR DRILLING PERMIT
(FOR THE CONSTRUCTION OF A WELL)

1. Owner (please print): Kootenai Medical Center

2. Mailing Address: 2003 Lincoln Way

City: Coeur d' Alene State: ID Zip Code: 83814 Telephone (208) 666-3466

3. Proposed Well Location: Twp. 50 N, Rge. 04 W, Sec. 11, SW NE 1/4

Gov't Lot No. _____ County Kootenai Lat. _____: _____: _____ Long. _____: _____: _____

Street Address of Well Site _____ City Coeur d' Alene

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

Lot, block and subdivision _____

4. Proposed Use of Well:

- ☐ DOMESTIC: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

NON-DOMESTIC: ☐ Irrigation ☐ Municipal ☐ Industrial
☐ Livestock ☐ Test ☒ Other Cooling + Heating
Type _____ Number Hd. _____ (Describe)

☐ INJECTION

☐ MONITORING: A well bore schematic and map is required for each blanket permit. No. of proposed wells: _____

5. Well Construction Information:

A. ☒ New well ☐ Modify ☐ Replace

B. Proposed Casing Diameter 8" Proposed Maximum Depth 360'

C. Anticipated bottom hole temperature:

☒ 85 F or less
(Cold Water Well)

☐ 85 F to 212 F
(Low Temp. Geo. Well)

☐ 212 F. or more
(Geothermal Well)

6. Construction Start Date: May 28, 2008

7. Anticipated Well Driller: H2O Well Service Inc.

Driller's Lic. No. 448

NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's Signature: Don Rolt Date 5/27/08

Address (if different than owner): _____

City: _____ State: _____ Zip Code: _____ Telephone _____

Title: _____
(Owner, Firm Representative, Other)

WELL DRILLER'S REPORT

Location Corrected by IDWR To:

T50N R04W Sec. 11 NWSWNE

By: mciscell 2013-10-21

1. WELL TAG NO. D0054611

Drilling Permit No.

Other IDWR No.

851592

2. OWNER

Name KOOTENAI MEDICAL CTR

Address 2003 LINCOLN WAY

City COEUR D'ALENE State ID Zip 83835

Well Number:

1422

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N	W	E	Twp. 50N	☒ North or	South
			Rge. 04W	East or	☒ West
			Sec. 11	1/4 NE	1/4 NE 1/4
Gov't Lot			County KOOTENAI		
Latitude:			Longitude:		

Address of Well Site 95 & IRONWOOD

City COEUR D'ALENE

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

Lt. Blk. Sub. Name

4. USE:

Domestic Municipal Monitor Irrigation
Thermal ☒ Injection ☒ Other Production

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	700 LBS	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1	335	250	STEEL	☒	☒	☒	☒
7	328	356	250	STEEL	☒	☒	☒	☒

Length of Headpipe 8 Length of Tailpipe 3

9. PERFORATIONS/SCREENS

Perforations Method
☒ Screens Screen Type JOHNSON

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
336	356	.60	2	7	SS		

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

160 ft. below ground Artesian pressure lb.

Depth flow encountered 210 ft. Describe access port or control devices:

50N 04W 11

11. WELL TESTS:

Pump	Bailer	☒ Air	☐ Flowing Artesian
Yield gal/min	Drawdown	Pumping Level	Time
200+			

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 210

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Core Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water
14	0	3	Top Soil	☒
14	3	18	Sand & Gravels	☒
10	18	250	Sand & Small Gravels	☒
10	250	348	Coarse Sand & Gravels	☒
10	348	356	Coarse Sand & Lg Broken Basalt	☒

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JUL 8 1 2008

IDWR/North

Completed Depth	356	(Measurable)
Date: Started	6/6/2008	Completed 6/16/2008

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 No. 448

Firm Official *[Signature]* Date 6/23/08and Supervisor or Operator *[Signature]* Date 6/16/2008

TODD MORGAN (Sign Once if Firm Official and Operator)

Revised
SCANNED
MAY 2 2 2008
SCANNED
MAY 2 8 2008

Drilling Permit No. 851592
Drilling Permit I.D. Tag No. 10054611
Water Right Permit No. 95-9484
Injection Permit No. _____
Receipt No. N019273
State of Idaho
Department of Water Resources

APPLICATION FOR DRILLING PERMIT
(FOR THE CONSTRUCTION OF A WELL)

1. Owner (please print): Kootenai Medical Center
2. Mailing Address: 2003 Lincoln Way
City: Coeur d' Alene State: ID Zip Code: 83814 Telephone (208) 666-3466
3. Proposed Well Location: Twp. 50 N Rge. 04 W Sec. 11 8W NE 1/4;
Gov't Lot No. _____ County Kootenai Lat. _____ Long. _____
Street Address of Well Site _____ city Coeur d' Alene
Lot, block and subdivision _____
Give at least name of road + Distance to Road or Landmark

4. Proposed Use of Well:

- ☐ DOMESTIC: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

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☐ Livestock ☐ Test ☒ Other Cooling + Heating
Type _____ Number Hd. _____ (Describe)

☐ INJECTION

☐ MONITORING: A well bore schematic and map is required for each blanket permit. No. of proposed wells: _____

5. Well Construction Information:

A. ☒ New well ☐ Modify ☐ Replace

B. Proposed Casing Diameter 8" Proposed Maximum Depth 360'

C. Anticipated bottom hole temperature:

☒ 85 F or less
(Cold Water Well)

☐ 85 F to 212 F
(Low Temp. Geo. Well)

☐ 212 F. or more
(Geothermal Well)

6. Construction Start Date: May 28, 2008

7. Anticipated Well Driller: H2O Well Service Inc. Driller's Lic. No. 448

NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's Signature: [Signature] Date 5/27/08

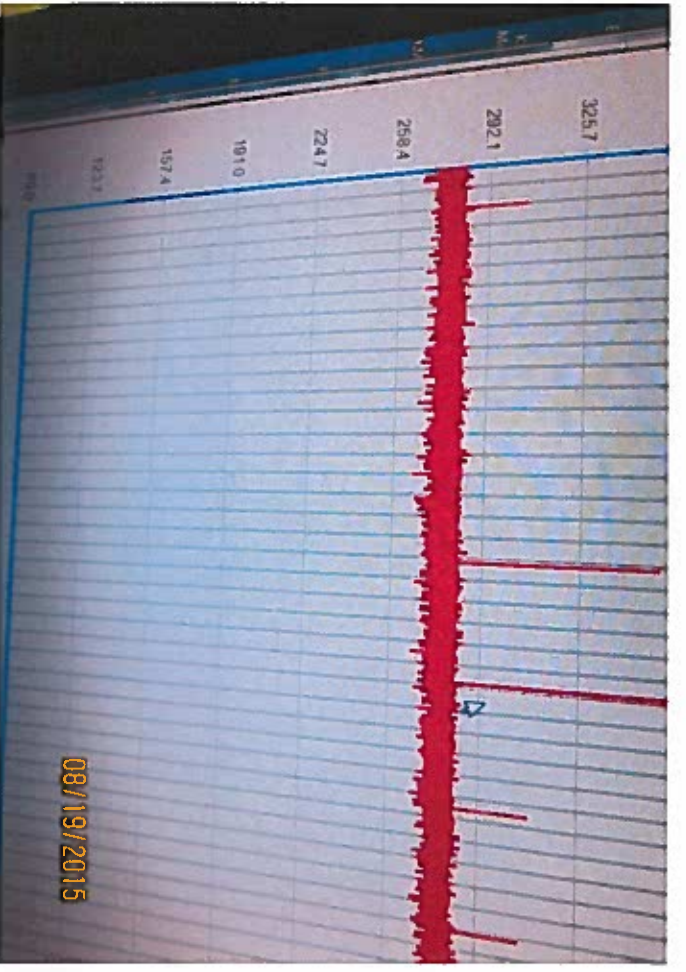
Address (if different than owner): _____

City: _____ State: _____ Zip Code: _____ Telephone: _____

Title: _____
(Owner, Firm Representative, Other)



95-91011



9c-9484



95-9484