

Basin	Sequence Suffix	Basis	Status	Right ID	Priority Date	Rate(cfs)	Volume(a)	Source	Water Use Owner(s)	Version	Source Ta App.ID
95	889	Decreed	Active	91826	5/1/1963	0.04	1.2	TWIN LAK DOMESTIC	UPPER TWIN LAKES LLC (Current)		wrWaterRight
95	2206	License	Active	92129	3/13/1961	0.06		SPRINGS DOMESTIC	UPPER TWIN LAKES WATER CO INC		(wrWaterRight
95	7302		Lapsed	93170				Surface	UPPER TWIN LAKES WATER CO INC		(wrWaterPermit
95	7348	.17 cfs (Dom.)	Lapsed	93214			.17	Groundwater	UPPER TWIN LAKES WATER CO INC		(wrWaterPermit
95	8417		Lapsed	94279				Surface	UPPER TWIN LAKES WATER CO INC		(wrWaterPermit
95	8618	.20 (Dom.)	Lapsed	94486			.20	" "	UPPER TWIN LAKES WATER CO INC		(wrWaterPermit
95	8726	.20 (Dom. & F.P.)	Lapsed	94578			.20	" "	UPPER TWIN LAKES WATER CO INC		(wrWaterPermit
95	9221		Active	578282	3/23/2004	0.2		GROUND MUNICIPAL	UPPER TWIN LAKES WATER CO INC		(wrWaterPermit

Is a: (test well?)

Darla: Please take the Drilling Permit to Chad Hershey & ask him if we need more info from the permit holder - We will pursue the upgrade fee of \$125 from the fees pd. Thanks! Debbie

**WELL DRILLER'S REPORT
RECEIVED**

1. WELL TAG NO. D 0033593

DRILLING PERMIT NO. 812161

APR 27 2004

Water Right or Injection Well No. _____

IDWR/North

2. OWNER:

Name Upper Twin Lakes Water Co INC

Address W 8899 Twin Lakes Rd

City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 53 North ☒ or South ☐

Rge. 5 East ☐ or West ☒

Sec. 36 1/4 SW 1/4 SW 1/4

Gov't Lot 4 10 acres County Kootenai 49 acres 160 acres

Lat: : : Long: : :

Address of Well Site West Twin Lakes Rd

City Rathdrum

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

Lt. _____ Blk. _____ Sub. Name _____

4. USE:

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

exploration

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 Material	From	To	Weight / Volume	Seal Placement Method
bentonite	0	45	1800lbs	surface pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 155

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	155	280	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe 4ft

Packer ☒ Y ☐ N Type k-packer

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation telescoping steel

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
155 1/2	160 1/2	14		5	stainless	☐	☐
160 1/2	165 1/2	20		5	stainless	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
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11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

120 ft. below ground Artesian pressure _____ lb.

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

53 N 5W 36

Office Use Only			
Well ID No.	_____		
Inspected by	_____		
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat: : :	Long: : :		

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25+		155-165	5hrs

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 50-55

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
10	0	45	silty brown sand			X
6	45	50	" " "			X
	50	55	" " "		X	
	55	116	silty sand&brown clay			X
	116	119	sand&gray clay			X
	119	121	tan clay			X
	121	127	fine sand		X	
	127	130	tan clay			X
	130	139	sandy clay		X	
	139	166	sand some peagravel		X	
	166	168	hard brown clay			X
	168	173	decomposed granite			X

Completed Depth 165 1/2 (Measurable)

Date: Started 3/29 Completed 3/31/04

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 Bronson Water Wells Firm No. 360

Principal Driller Clint Bronson Date 4/8/04

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

1/31/03

Drilling Permit No. 812161
 Drilling Permit I.D. Tag No. D33593
 Water Right Permit No. _____
 Injection Permit No. _____

RECEIVED

MAR 28 2004

IDWF North

State of Idaho
 Department of Water Resources



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

1. Owner (please print): UPPER TWIN LAKES WATER CO INC.
 2. Mailing Address: 48899 Twin Lakes Rd Rathdrum Id. 83858
 City: _____ State: _____ Zip Code: _____ Telephone: 208 687-0487
 3. Proposed Well Location: Twp. 53N, Rge. 5W, Sec. 36, SW 1/4 SW 1/4 1/4 1/4;
 Gov't Lot No. 4 County Kootenai Lat. _____: _____: _____ Long. _____: _____: _____
 Street Address of Well Site W. Twin Lakes Rd - Old school house
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 _____
 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 6" Proposed Maximum Depth 200
 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: 3-29-047. Anticipated Well Driller: BIRNSON Driller's Lic. No. 360

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

8. Applicant's Signature: ADR Date 3-26-04Address (if different than owner): PO Box 1City: SPRINT LAKE State: ID Zip Code: 83869 Telephone: 208 437-4132Title: Driller

(Owner, Firm Representative, Other)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This Permit is APPROVED

Date 3/29/04

If approved, this permit authorizes the construction or modification of a well subject to the following conditions. **READ CAREFULLY!**

GENERAL CONDITIONS:

1. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one(1) year from the approval date for completion of the well unless an extension has been granted.
2. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare, which may be required before construction of the well. All wells must be drilled a minimum distance of 100 feet from a drain field. Domestic and Public Water Supply wells must be drilled a minimum of 50 feet and 100 feet respectively from a septic tank.
3. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
4. Approval of this drilling permit does not authorize trespass on the land of another party.
5. This permit does not constitute other local, county, state or federal approvals, which may be required for construction of a well.
6. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
7. If a bottom hole temperature of 85 or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.
8. 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.
9. Please be advised that this drilling permit should be considered and treated as a preliminary permit. If you are in disagreement with this preliminary permit you have fourteen (14) days of the service date of this permit to petition the Department for reconsideration pursuant to Section 67-5243, Idaho Code.
10. The well tag for the drilling permit/start card shall be securely and permanently attached to the well casing through welding or by the use of four closed end domed stainless steel pop rivets. The tag attachment will be done at the time of completion of the well, and prior to removing the drill rig from the drill site.

SPECIFIC CONDITIONS:

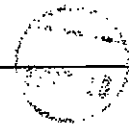
Robert D. Haynes

REGIONAL MANAGER

Signature of Authorized Department Representative

Title

Receipt No. 1016132 Received by R Fee 75.00 Date 3/29/04



EXTENSION OF DRILLING PERMIT

Extension approved by _____ Approval Date _____

This extension expires: _____