

**Evidence of Priority- CSRBA Claim 95-7440****Source Cited: Kootenai County tax parcel data****Parcels - WARDWELL, KRISTIN**

|             |                                 |
|-------------|---------------------------------|
| ID          | 18061101                        |
| UPDATED     | 4/11/2025                       |
| PIN         | 0J3190010020                    |
| OWNER       | WARDWELL, KRISTIN               |
| ADDRESS1    | 740 S STAR GARNET RD            |
| ADDRESS2    | <Null>                          |
| CITY        | COEUR D ALENE                   |
| STATE       | ID                              |
| ZIPCODE     | 83814                           |
| P_ADDRESS   | 740 S STAR GARNET RD            |
| P_ZIPCODE   | <Null>                          |
| SUB_NAME    | CORING ADD                      |
| LEGAL1      | CORING ADD, LT 2 BLK 1 1850N04W |
| LEGAL2      | <Null>                          |
| LEGAL3      | <Null>                          |
| LEGAL4      | <Null>                          |
| LEGAL5      | <Null>                          |
| LEGAL6      | <Null>                          |
| ACRES       | 2.9                             |
| COUNTY      | Kootenai                        |
| SOURCE      | <Null>                          |
| YEAR_BUILT  | 1974                            |
| ParcelCount | 1                               |

## Evidence of Priority- CSRBA Claim 95-7440

Source Cited: <https://panhandlehealthdistrict.org/>

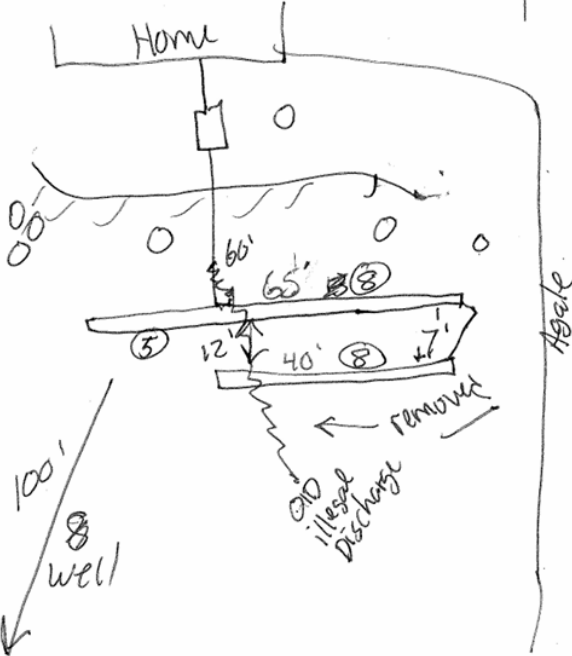
| FINAL/AS-BUILT--Subsurface Sewage Disposal                                                                                                                     |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
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| <br><b>Public Health</b><br><b>Idaho Public Health Districts</b>              |                                                                               | <b>Panhandle Health District</b><br>8500 N. ATLAS<br>HAYDEN, ID 83835(208) 415-5200                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
|                                                                                                                                                                |                                                                               | Permit #:17-28-138439<br>Date Rcvd: 12/5/2017<br>Parcel #:0J3190010020<br>READY: 12/5/2017 3:29:00 PM                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Applicant's Name: SCOTT RALSON TON<br>Owners Name: SCOTT RALSON TON<br>Property Address: 740 S STAR GARNET RD<br>Legal Description:<br>Subdivision: CORING ADD |                                                                               | EHS SHAWN ELLISON<br>SE/TW<br>Township: 50N<br>Lot: 02                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Range: 04W<br>Block: 01<br>Section: 18<br>Size (acres): 2.928                                                                                                  |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| AS-built (not to scale)                                                                                                                                        |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
|                                                                              |                                                                               | <table border="1"> <tr> <td>System Type:</td> <td>Gravel (Yards):</td> </tr> <tr> <td>Gravelless Chamber DP</td> <td>N/A</td> </tr> <tr> <td>System Mfg:</td> <td>Sand (Yards):</td> </tr> <tr> <td>BioDifuser</td> <td>N/A</td> </tr> <tr> <td>Septic/Trash Tank (Gal):</td> <td>Drainfield Depth (Inches):</td> </tr> <tr> <td>existing</td> <td>36"</td> </tr> <tr> <td>Septic/Trash Tank Mfr:</td> <td>Rock Under Pipe (Inches):</td> </tr> <tr> <td>existing</td> <td>N/A</td> </tr> <tr> <td>Depth to Tank Lid (Inches):</td> <td>Date System Installed:</td> </tr> <tr> <td>unknown</td> <td>12/6/17</td> </tr> <tr> <td>Standpipe/Riser (Inches):</td> <td>Riser Longitude:</td> </tr> <tr> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Pump Tank (gallons):</td> <td>Riser Latitude:</td> </tr> <tr> <td>N/A</td> <td>N/A</td> </tr> <tr> <td>Pump Tank Mfg:</td> <td>Well Installed</td> </tr> <tr> <td>N/A</td> <td><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Drainfield Width (Ft):</td> <td>Distance to Tank (Ft):</td> </tr> <tr> <td>3</td> <td>150</td> </tr> <tr> <td>Drainfield Length (Ft):</td> <td>Distance to Drainfield (Ft):</td> </tr> <tr> <td>105</td> <td>100</td> </tr> <tr> <td>Drainfield Area Installed (Sq Ft):</td> <td>Valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>315</td> <td>Dist-Box: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>Effective Area (Sq Ft):</td> <td>Drop-Box: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</td> </tr> <tr> <td>420</td> <td></td> </tr> </table> | System Type: | Gravel (Yards): | Gravelless Chamber DP | N/A | System Mfg: | Sand (Yards): | BioDifuser | N/A | Septic/Trash Tank (Gal): | Drainfield Depth (Inches): | existing | 36" | Septic/Trash Tank Mfr: | Rock Under Pipe (Inches): | existing | N/A | Depth to Tank Lid (Inches): | Date System Installed: | unknown | 12/6/17 | Standpipe/Riser (Inches): | Riser Longitude: | N/A | N/A | Pump Tank (gallons): | Riser Latitude: | N/A | N/A | Pump Tank Mfg: | Well Installed | N/A | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | Drainfield Width (Ft): | Distance to Tank (Ft): | 3 | 150 | Drainfield Length (Ft): | Distance to Drainfield (Ft): | 105 | 100 | Drainfield Area Installed (Sq Ft): | Valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 315 | Dist-Box: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | Effective Area (Sq Ft): | Drop-Box: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | 420 |  |
| System Type:                                                                                                                                                   | Gravel (Yards):                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Gravelless Chamber DP                                                                                                                                          | N/A                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| System Mfg:                                                                                                                                                    | Sand (Yards):                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| BioDifuser                                                                                                                                                     | N/A                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Septic/Trash Tank (Gal):                                                                                                                                       | Drainfield Depth (Inches):                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| existing                                                                                                                                                       | 36"                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Septic/Trash Tank Mfr:                                                                                                                                         | Rock Under Pipe (Inches):                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| existing                                                                                                                                                       | N/A                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Depth to Tank Lid (Inches):                                                                                                                                    | Date System Installed:                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| unknown                                                                                                                                                        | 12/6/17                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Standpipe/Riser (Inches):                                                                                                                                      | Riser Longitude:                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| N/A                                                                                                                                                            | N/A                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Pump Tank (gallons):                                                                                                                                           | Riser Latitude:                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| N/A                                                                                                                                                            | N/A                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Pump Tank Mfg:                                                                                                                                                 | Well Installed                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| N/A                                                                                                                                                            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Drainfield Width (Ft):                                                                                                                                         | Distance to Tank (Ft):                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| 3                                                                                                                                                              | 150                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Drainfield Length (Ft):                                                                                                                                        | Distance to Drainfield (Ft):                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| 105                                                                                                                                                            | 100                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Drainfield Area Installed (Sq Ft):                                                                                                                             | Valve: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| 315                                                                                                                                                            | Dist-Box: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Effective Area (Sq Ft):                                                                                                                                        | Drop-Box: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| 420                                                                                                                                                            |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Technical Allowance Granted Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |
| Comments:                                                                                                                                                      |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |              |                 |                       |     |             |               |            |     |                          |                            |          |     |                        |                           |          |     |                             |                        |         |         |                           |                  |     |     |                      |                 |     |     |                |                |     |                                                                     |                        |                        |   |     |                         |                              |     |     |                                    |                                                                            |     |                                                                               |                         |                                                                               |     |  |

Figure 2- The well is located less than 200ft SSW of the home.

Source Cited: IDWR Backfile WR 95-7440

11. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.

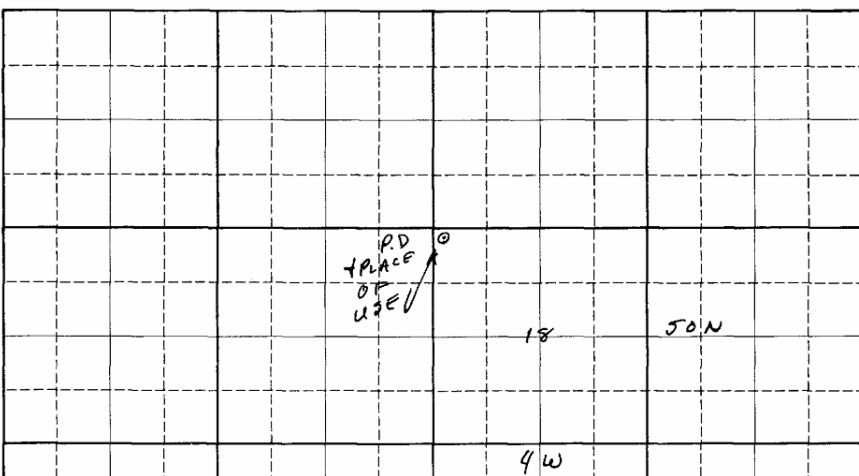


Figure 3- Application map identifying the POD and POU in the NW of the NWNW, Section 18.

Evidence of Priority- CSRBA Claim 95-7440

Source Cited: IDWR Backfile WR 95-7440

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES

PROOF OF APPLICATION OF WATER TO BENEFICIAL USE

1. a) Name of Permit Holder DONALD H DILLARD AND OR F ARDYCE DILLARD  
b) Post Office Address RT 1 BOX 61D COEUR D'ALENE IDAHO

2. Permit Number 95-7440

3. Date of Priority that you are prepared to establish JUNE 1, 1974

4. a) Source from which water was appropriated GROUND WATER  
b) Location of the point of diversion: GOV'T LOT 4, Section 18  
Township 50 N, Range 4 W Boise Meridian, Other points of diversion: \_\_\_\_\_

5. a) The amount of water and use to which the water has been applied:  
Amount 0.04 for DOMESTIC purposes from JAN 1 to DEC 31 incl.  
(cfs and/or acre-feet per annum) (Month-Day) (Month-Day)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ incl.  
(cfs and/or acre-feet per annum) (Month-Day) (Month-Day)  
Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ incl.  
(cfs and/or acre-feet per annum) (Month-Day) (Month-Day)  
b) Total amount appropriated 0.04 cfs and/or acre-feet per annum  
c) Describe how and by whom measurement of rate of flow or amount of storage was made and the qualifications of the person making the measurement: ESTIMATED BY ELMER LEWIS, AQUA DRILLING

6. If the means of diversion and conveyance are owned by someone other than the Permit Holder:  
a) Give the name or description of the canal, ditch or other works by which the water is conducted to the place of use:  
N/A  
b) Describe the agreement or understanding by which you take water from the works:  
N/A

7. a) Briefly describe the works for diverting and conveying the water to the place of use, (if from a subterranean source, give the pump size, motor size, size of well casing, depth of well; if from surface water, give brief description of diversion structure and/or canal or ditch) PUMP: 1 HORSE POWER #1709P101  
WELL CASING: 6" DIA. DEPTH OF WELL: 400 FEET  
b) Describe the type and size of measuring device which you have installed at your point of diversion:  
NONE  
c) Give well driller's name and address and the date the well was completed: ELMER LEWIS  
AQUA DRILLING  
BOX 1002 CDA IDA  
COMPLETED 4-12-74

8. If for other than irrigation, describe the beneficial use to which you have applied the water and the place of use:  
DOMESTIC

Figure 4- Original well completion date and driller cited on proof of application.

Evidence of Priority- CSRBA Claim 95-7440

Source Cited: Kootenai County Recorder’s Office (<https://recorder.kcgov.us/>)

General Information

Owner: Wardwell Kristin, Wardwell Carter

Mailing Address: 740 S Star Garnet Rd Coeur D Alene Id 83814

Property Address: 740 S Star Garnet Rd

Neighborhood: 5700 Rural S Of River

District (TCA): 070000

Parcel ID (PIN): 0J3190010020

Alternate ID (AIN): 301748

Property Class: 537- Imp Res Rural Sub

Deeded Acres: 2.9276

Last updated: 2/09/2026 01:53:46 AM

Legal Descriptions

| Description                     |
|---------------------------------|
| CORING ADD, LT 2 BLK 1 1850N04W |

Sales History

| Document Number | Date     | Owner                 | Grantee               | Type                   |
|-----------------|----------|-----------------------|-----------------------|------------------------|
| 2907998         | 7/15/22  | Bratton Matthew       | Wardwell Kristin      | Single Parcel Transfer |
| 2872697         | 11/19/21 | Ashford Paul Kelly Jr | Bratton Matthew       | Single Parcel Transfer |
| 2802023         | 12/30/20 | Ralston Deborah A     | Ashford Paul Kelly Jr | Single Parcel Transfer |
| 2672286         | 11/30/18 | Multiple Owners       | Ralston Deborah A     | Single Parcel Transfer |
| 2426364         | 8/29/13  | Coring Richard E      | Multiple Owners       | Single Parcel Transfer |

## Evidence of Priority- CSRBA Claim 95-7440

Source Cited: IDWR Well Construction Records

## WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources  
within 30 days after the completion or abandonment of the well.

| <p><b>1. WELL OWNER</b></p> <p>Name <u>MR. RICHARD CORING</u></p> <p>Address <u>RT 1 Box 61D Coe ID. 83814</u></p> <p>Owner's Permit No. <u>95-80-N-25</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | <p><b>7. WATER LEVEL</b></p> <p>Static water level <u>8'</u> feet below land surface.</p> <p>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____</p> <p>Artesian closed-in pressure _____ p.s.i.</p> <p>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug</p> <p>Temperature _____ °F. Quality _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                  |                    |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
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| <p><b>2. NATURE OF WORK</b></p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement</p> <p><input type="checkbox"/> Abandoned (describe method of abandoning) _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <p><b>8. WELL TEST DATA</b></p> <p><input type="checkbox"/> Pump <input checked="" type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>EST. 18 GPM</u></td> <td><u>AIR TEST</u></td> <td></td> </tr> </table>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Discharge G.P.M. | Pumping Level      | Hours Pumped | <u>EST. 18 GPM</u> | <u>AIR TEST</u> |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| Discharge G.P.M.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | Pumping Level                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | Hours Pumped     |                    |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| <u>EST. 18 GPM</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>AIR TEST</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                  |                    |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| <p><b>3. PROPOSED USE</b></p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal</p> <p><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection</p> <p><input type="checkbox"/> Other _____ (specify type)</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <p><b>9. LITHOLOGIC LOG</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Hole Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0'</td> <td>10'</td> <td>SAND</td> <td></td> <td>X</td> </tr> <tr> <td>8"</td> <td>10'</td> <td>14'</td> <td>DECOMPOSED GRANITE</td> <td></td> <td>X</td> </tr> <tr> <td>8"</td> <td>14'</td> <td>20'</td> <td>HARD</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>20'</td> <td>80'</td> <td>"</td> <td>X</td> <td></td> </tr> <tr> <td>6"</td> <td>80'</td> <td>89'</td> <td>"</td> <td>X</td> <td></td> </tr> <tr> <td>6"</td> <td>89'</td> <td>99'</td> <td>"</td> <td>X</td> <td></td> </tr> <tr> <td>6"</td> <td>99'</td> <td>125'</td> <td>"</td> <td></td> <td>X</td> </tr> </tbody> </table> | Hole Diam.       | Depth              |              | Material           | Water           |           | From           | To           | Yes          | No         | 8"         | 0'           | 10'          | SAND       |            | X            | 8"           | 10'        | 14'        | DECOMPOSED GRANITE |      | X  | 8"                 | 14'        | 20'        | HARD               |            | X          | 6"                 | 20'        | 80'        | "                                                                            | X |  | 6" | 80' | 89' | " | X |  | 6" | 89' | 99' | " | X |  | 6" | 99' | 125' | " |  | X |
| Hole Diam.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Depth                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                  | Material           | Water        |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To               |                    | Yes          | No                 |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| 8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 0'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 10'              | SAND               |              | X                  |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| 8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 10'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 14'              | DECOMPOSED GRANITE |              | X                  |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| 8"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 14'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 20'              | HARD               |              | X                  |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 20'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 80'              | "                  | X            |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 80'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 89'              | "                  | X            |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 89'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 99'              | "                  | X            |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| 6"                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | 99'                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 125'             | "                  |              | X                  |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| <p><b>4. METHOD DRILLED</b></p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary</p> <p><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | <div style="text-align: center;"> <p><b>RECEIVED</b></p> <p>JUN 27 1980</p> <p>Department of Water Resources<br/>Northern District Office</p> </div> <div style="text-align: center;"> <p><b>RECEIVED</b></p> <p>JUL 7 1980</p> <p>Department of Water Resources</p> </div>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                  |                    |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| <p><b>5. WELL CONSTRUCTION</b></p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.275</u> inches</td> <td><u>6"</u></td> <td><u>7'</u></td> <td><u>23</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch</p> <p>Size of perforation _____ inches by _____ inches</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Manufacturer's name _____</p> <p>Type _____ Model No. _____</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Diameter _____ Slot size _____ Set from _____ feet to _____ feet</p> <p>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____</p> <p>Placed from _____ feet to _____ feet</p> <p>Surface seal depth <u>20'</u> Material used in seal: <input type="checkbox"/> Cement grout <input type="checkbox"/> Puddling clay <input type="checkbox"/> Well cuttings</p> <p>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth</p> <p>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld</p> <p><input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Diameter         | From               | To           | <u>.275</u> inches | <u>6"</u>       | <u>7'</u> | <u>23</u> feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet | _____ inches | _____ inches | _____ feet | _____ feet | Number             | From | To | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet | _____ perforations | _____ feet | _____ feet | <p><b>10.</b></p> <p>Work started <u>4-23-80</u> finished <u>4-24-80</u></p> |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| Thickness                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Diameter                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | From             | To                 |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| <u>.275</u> inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <u>6"</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>7'</u>        | <u>23</u> feet     |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ feet       | _____ feet         |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ feet       | _____ feet         |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ inches                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | _____ feet       | _____ feet         |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | From                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | To               |                    |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ feet       |                    |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ feet       |                    |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| _____ perforations                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | _____ feet                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____ feet       |                    |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |
| <p><b>6. LOCATION OF WELL</b></p> <p>Sketch map location must agree with written location.</p> <div style="text-align: center;"> <p>N</p> <p>W E</p> <p>S</p> </div> <p>Subdivision Name _____</p> <p>Lot No. _____ Block No. _____</p> <p>County <u>KOOTENAI</u></p> <p><u>NW 1/4 NW 1/4 Sec. 18 T. 50N R. 4 E</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <p><b>11. DRILLERS CERTIFICATION</b></p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>Apex Drilling, Inc.</u> Firm No. <u>356</u></p> <p>Address <u>P.O. Box 659 Hayden ID. 83814</u> Date <u>4-24-80</u></p> <p>Signed by (Firm Official) <u>[Signature]</u></p> <p>and <u>[Signature]</u></p> <p>(Operator) <u>[Signature]</u></p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                  |                    |              |                    |                 |           |                |              |              |            |            |              |              |            |            |              |              |            |            |                    |      |    |                    |            |            |                    |            |            |                    |            |            |                                                                              |   |  |    |     |     |   |   |  |    |     |     |   |   |  |    |     |      |   |  |   |

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT