Form 238-7
9/82

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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.

USE TYPEWRITER OR BALLPOINT PEN

95

POSTED

RECEIVED
MAR - 3 1988
Department of Water Resources

90

1. WELL OWNER

Name George & Patricia Krog

Address Rt 2 Box 151A Hayden Lk. 83835

Owner's Permit No. 95-88-N-07

2. NATURE OF WORK

☑ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☑ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☑ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☑ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
.250 inches	6 inches +	2 feet	18 feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

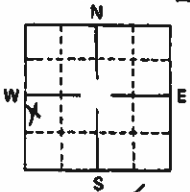
Was casing drive shoe used? ☑ Yes ☐ No
Was a packer or seal used? ☐ Yes ☑ No
Perforated? ☐ Yes ☑ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☑ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter ____ Slot size ____ Set from _____ feet to _____ feet
Diameter ____ Slot size ____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☑ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18 Material used in seal: ☐ Cement grout
☑ Bentonite ☐ Puddling clay ☑ Cuttings
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☑ Overbore to seal depth
Method of joining casing: ☐ Threaded ☑ Welded ☐ Solvent Weld
☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____
County Kootenai
NE ¼ SW ¼ Sec. 21, T. 49 ☑ N ☐ S, R. 3 ☑ W ☐ E

7. WATER LEVEL

Static water level 0 feet below land surface.
Flowing? ☑ Yes ☐ No G.P.M. flow 1 GT Per Min
Artesian closed-in pressure 0 p.s.i.
Controlled by: ☑ Valve ☑ Cap ☐ Plug
Temperature cold °F. Quality Clear
Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailer ☑ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
7	Variable	½ hr

9. LITHOLOGIC LOG

Bore Diam.	Depth From	Depth To	Material	Water Yes	Water No
8	0	18	Shale		X
6	18	450	Shale	X	
			3 GPM @ T 300'		
			2 GPM @ T 300		
			2 GPM @ T 325'		

10. Work started 2/14/87 finished 2/17/87

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Associated Well

Firm Name Drillers Inc. Firm No. 245

Address Box 723 C.D.A. Date 2/17/87

Signed by (Firm Official) Bud Thornton

and

(Operator) Robert F Hagy

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