Kraak

Form 238-7
3/96

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NORTHERN REGION
IDWR

POSTED

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096900

Office Use Only
Inspected by _____
Twp____ Rge____ Sec____
____1/4____1/4____1/4
Lat: : : Long: : :

1. DRILLING PERMIT NO. 94-96-N-25
Other IDWR No. _____

2. OWNER:
Name DEBRA KRAAK
Address PO Box 49
City Harrison State Id Zip 83833

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location.

N / W / E / S

Twp. 47 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 20, SE 1/4 SW 1/4 ____ 1/4 (10 acres / 40 acres / 160 acres)
Gov't Lot ____ County BENEWAH
Lat: : : Long: : :
Address of Well Site Hwy 3 towards Coeur d'Alene Lake, go L on Rosewood Dr. 1¼ mi on left
City HARRISON
(Give at least name of road + Distance to Road or Landmark)
Lt. _____ Blk. _____ Sub. Name _____

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK Material	From	To	AMOUNT Sacks or Pounds	METHOD
Bentonite	0	20	500 lbs	Trimmie

Was drive shoe used? ☒Y ☐N Shoe Depth(s) 20'
Was drive shoe seal tested? ☒Y ☐N How? Pound

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	20	025	steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
8 ft. below ground Artesian pressure ____ lb.
Depth flow encountered ____ ft. Describe access port or control devices: _____

SESW 20 47N 2W

11. WELL TESTS:
☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
3 gal min	BY	AIR	
STATIC	LEVEL	8	

Water Temp. cold Bottom hole temp. cold
Water Quality test or comments: good
Depth first Water Encountered 199

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water Y	Water N
8	0	6	Top Soil		✓
8	6	12	Basalt Broken		✓
8	12	20	Basalt Hard		✓
6	20	96	Basalt Broken		✓
6	96	111	Basalt Hard		✓
6	111	121	Basalt Broken		✓
6	121	198	Basalt Hard		✓
6	198	213	Basalt Broken	✓	
6	213	307	Basalt Hard		✓
6	307	319	Basalt Broken	✓	
6	319	405	Basalt Hard		✓

Completed Depth 405 ft (Measurable)
Date: Started 8-28-96 Completed 8-30-96

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

Firm Name Precision Drilling Firm No. 558
Firm Official _____ Date 8-30-96
and
Supervisor or Operator _____ Date 8-30-96
(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES