Form 238-7
1/78

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

Location Corrected by IDWR To:
T45N R03E Sec. 14 NWSENE
By: mciscell 2012-03-12

1. WELL OWNER

Name Tony Piccinini

Address RT#3 Box350 CALDER ID 83808

Owner's Permit No. 91-81-N-1

2. NATURE OF WORK

■ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

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	+ _____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

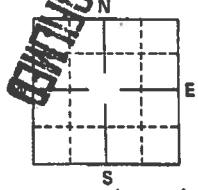
Was casing drive shoe used? ■ Yes ☐ No
Was a packer or seal used? ☐ Yes ■ No
Perforated? ☐ Yes ■ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

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 20' Material used in seal: ☐ Cement grout
■ Puddling clay ☐ Well 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 location must agree with written location.



Subdivision Name _____
Lot No. _____ Block No. _____

County Shoshone Co.

NW ¼ NW ¼ Sec. 14, T. 45 N, R. 3 E

7. WATER LEVEL

Static water level 30' feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow 35
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 58 °F. Quality good water

8. WELL TEST DATA

☐ Pump ☐ Bailer ■ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
35	45'	2½ hrs

9. LITHOLOGIC LOG

Hole Diam.	Depth From	Depth To	Material	Water Yes	Water No
6"	+1'	14'	Topsoil Boulders		X
6"	14'	34'	Sand, gravel		X
6"	34'	55'	CLAY Sand gravel		X
6"	55'	+70'	granite, Quartz	X	
6"	70'	-85'	Basalt	X	
	85'	140'	Quartz & Basalt	X	

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MAY 21 1982
Department of Water Resources

10.

Work started 8-11-81 finished 8-13-81

11. DRILLERS CERTIFICATION

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

Firm Name St. Maries Drilling Firm No. 402
Address R4 Box 41 St. Maries ID 83861 Date _____
Signed by (Firm Official) _____
and
(Operator) _____

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

SCANNED
APR 07 2014