

MORATORIUM WELL FIELD CHECK

Application No. 63-11766

Date 7/18/94

Power Meter No. 89 665 029

1. Is well in use? ☒ NO (go to #2)
☐ YES (go to #3)

2. Is power on? ☒ NO
☐ YES

per: ☒ Visual check
☐ Idaho Power

3. Authorized water right no(s). from this P/D?

COMMENTS wrong legal on well log -
submitted to GW protection for correction
7/20/94. (P/D listed in different section
on appl also.)

6 7/18/94
Inspector - Title Date

correct P/D legal: NW SW, Sec 21, T4N R2W

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

1. DRILLING PERMIT NO: _____ OTHER APPLICABLE NO: 63-11766
2. OWNER: Yamamoto Farms Phone: 459-9178
Address: 20294 Midland Blvd Caldwell
3. WELL LOCATION: Twp 4N, Rge. 2W, Sec. (21), NW 1/4 SW 1/4
County Canyon (Provide sketch map and photo on reverse.)
4. DRILLER: _____ Lic. No. _____
When Drilled? _____
5. WELL CONSTRUCTION:
- Casing Diameter _____ inches Water tight cap? ☒ Yes ☐ No Access Port: ☐ Yes ☐ No
Casing $\geq$ 12 inches above ground? ☒ Yes ☐ No - Describe _____
Depth of Casing _____ ft. Method Drilled _____
Condition of Well Casing: ☒ Good ☐ Fair ☐ Poor Describe _____
Control Valve? ☒ Yes ☐ No Pressure Gauge: ☐ Yes ☒ No
Condition of Piping and Valving good
Auger to a depth of _____ ft. Evidence of Annular Seal ☐ Yes ☐ No
Are there obvious construction problems that may be a source for contamination or waste of water?
☐ Yes ☒ No (Describe in Remarks and Attach Photo - On Reverse)
6. HYDROLOGIC INFORMATION:
- Depth to Static Water _____ ft. Water Temperature _____ °F
Flowing Artesian ☐ Yes ☐ No Pressure: _____ (psi)
Water Sample Taken? ☐ Yes ☐ No If yes, describe purpose _____
Water Quality Measurements/Observations (Describe) _____
7. WELL USE:
- | | | |
|---------------------------------------|---|-------------------------------------|
| ☐ Domestic | ☒ Irrigation | ☐ Stock |
| ☐ Test | ☐ Municipal | ☐ Industrial |
| ☐ Abandoned | ☐ Waste Disposal/Injection | ☐ Not Used |
| ☐ Other: _____ | | |

8. POSSIBLE CONTAMINATION SOURCES:

Is there evidence of Chemigation? ☐ Yes ☒ No

If yes, is there a check-valve present? ☐ Yes ☐ No

Is there a possible source of contamination nearby? ☐ Yes ☒ No

If yes, what Type? _____

How far away from the well is this source? _____

9.

REMARKS: Meter # 89 665 029

- Power hooked up but well not
in use

- Employee said pump turned
on once for maintenance

BE Pump
R6P1403
25 HP

Loi Bauer

Signature of Dept. Representative & Title

7/18/94

Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:



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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.

[illegible]