

4/2011

IDAHO DEPARTMENT OF WATER RESOURCES
FIELD EXAMINERS
WELL INSPECTION FORM

1. IDENTIFICATION # D00007439- "Well A" (Tag #, etc.)

OTHER APPLICABLE # 63-12454 (Water right #, etc.)

2. OWNER Doni & Jeff(?) Clark Phone 208-453-8791

Address 17671 Oasis Rd. City Caldwell

State ID Zip 83605 Email _____

3. WELL LOCATION (GPS required in Degrees Decimal Minutes – use PLS if GPS not available)

used DEQ's location for pld
Lat. _____ Long. _____

Twp 5N Rge 3W Sec 6 $\frac{1}{4}$ NE $\frac{1}{4}$ NW

4. WELL CONSTRUCTION ☒ Well log attached ☐ Well log not found

Any obvious construction problems that may be a source for contamination or waste? ☐ Yes ☒ No

If yes, describe below &/or see attached (list any that apply): ☐ Photos ☐ Diagram ☐ Other

5. HYDROLOGIC INFORMATION

Static water if measured _____ ft. Water temperature if measured _____ °F

Flowing artesian ☐ Yes ☒ No Pressure if measured _____ psi

NOTES well head w/submersible pump.

INSPECTED BY

Kay Walker

DATE

9/21/11

