

IDAHO DEPARTMENT OF WATER RESOURCES

RECEIVED

WELL INSPECTION FORM

SEP 13 1996

Department of Water Resources
Southern Region

1. DRILLING PERMIT NO: none OTHER APPLICABLE NO: 47-07718

2. OWNER: Lynn Callen Phone: 655-4355
Address: 2200 N 2134 E Twin Falls, ID 83301

3. WELL LOCATION: Twp 13S, Rgs. 15E, Sec. 12, NE 1/4 NE 1/4
County Twin Falls (Provide sketch map and photo on reverse.)

4. DRILLER: _____ Lic. No. _____
When Drilled? _____

5. WELL CONSTRUCTION:
Casing Diameter n/a inches Water tight cap? ☐ Yes ☒ No Access Port: ☐ Yes ☒ No
Casing $\geq$ 12 inches above ground? ☐ Yes ☒ No - Describe turbine
Depth of Casing _____ ft. Method Drilled CEMENT pad
Condition of Well Casing: ☐ Good ☐ Fair ☐ Poor Describe could not see
Control Valve? ☐ Yes ☐ No Pressure Gauge: ☐ Yes ☐ No
Condition of Piping and Valving _____
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: The well was covered with a pump + motor.
Nothing risibly wrong

Tara L. Backlund Field agent

Signature of Dept. Representative & Title

7/30/96

Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:



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