

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

1. DRILLING PERMIT NO: _____ OTHER APPLICABLE NO: 47-08195
2. OWNER: BOKMA, HARRY & FLORA Phone: 543-4546
Address: 3919A NORTH 1000 EAST, BUHL, ID. 83316
3. WELL LOCATION: Twp 10S, Rge. 14E, Sec. 07, SE 1/4 SE 1/4
County TWIN FALLS (Provide sketch map and photo on reverse.)
4. DRILLER: _____ Lic. No. _____
When Drilled? #1 DRILLED 1935
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 SEE PHOTO PG. 1/2
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: COMMERCIAL (DAIRY)

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:**

Donna Satterlee WR Agent
Signature of Dept. Representative & Title

30 Sept 96
Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:

SEE PHOTO PAGE 1/2



#47-08195 Bokma, Harry & F
Date: 30 September 1996

P/D =Section 7, T10S, R14E