

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

A43-10090-10095
43-04016B, 04017

1. DRILLING PERMIT NO: _____ OTHER APPLICABLE NO: _____

2. OWNER: WEBB BROS. DAIRY LLC Phone: 349-5740

Address: 22 N YALE BX 55 DECLU, ID. 83323

3. (2) BACK UP WELL FOR DAIRY L PRIMARY USE DOM/STOCK
WELL LOCATION: Twp 10S, Rge. 27E, Sec. 24, NE 1/4 SE 1/4
County CASSIA (Provide sketch map and photo on reverse.)

4. DRILLER: _____ Lic. No. _____

When Drilled? ?

5. WELL CONSTRUCTION:

Casing Diameter 6 inches Water tight cap? ☐ Yes ☒ No Access Port: ☒ Yes ☐ No

Casing $\geq$ 12 inches above ground? ☒ Yes ☐ No - Describe 4 feet $\pm$ o.g.

Depth of Casing _____ ft. Method Drilled _____

Condition of Well Casing: ☐ Good ☐ Fair ☒ Poor Describe SEE PHOTO

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: SEE 3.

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:

GPS A000 4490 * TAG ON BOX (S. SIDE)

G. Satterlee

WRA

Signature of Dept. Representative & Title

09 March 98

Inspection Date



PHOTO LOOKING N'LY