

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

43-02557, -07086,
-07087

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

2. OWNER: GARY STEED Phone: 824-5582
Address: PO BOX 127 ALMO, ID. 83312

3. WELL LOCATION: Twp 16S, Rge. 24E, Sec. 26, NW 1/4 NW 1/4
County CASSIA (Provide sketch map and photo on reverse.)

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

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 _____

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:

NO GPS

G Satterlee

Signature of Dept. Representative & Title

08 June 98

Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:



PHOTO LOOKING N/E