

# 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. 23, SE 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 constuction 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:
- |                                       |                                                   |                                     |
|---------------------------------------|---------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Domestic     | <input checked="" type="checkbox"/> Irrigation    | <input type="checkbox"/> Stock      |
| <input type="checkbox"/> Test         | <input type="checkbox"/> Municipal                | <input type="checkbox"/> Industrial |
| <input type="checkbox"/> Abandoned    | <input type="checkbox"/> Waste Disposal/Injection | <input type="checkbox"/> Not Used   |
| <input type="checkbox"/> 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 NE'LY

PHOTO LOOKING SW'LY