

5/93

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

1. DRILLING PERMIT NO: 47- OTHER APPLICABLE NO: 47-07721, -07792
2. OWNER: WAYNE MARSHALL Phone: 543-6999
Address: 4813 RIVER ROAD, BUHL, ID. 83316
3. WELL LOCATION: Twp 08S, Rge. 14E, Sec. 36, NE 1/4 SE 1/4
County TWIN FALLS (Provide sketch map and photo on reverse.)
4. DRILLER: _____ Lic. No. _____
When Drilled? 1983-1985 +/-
5. WELL CONSTRUCTION:
Casing Diameter 12 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 118 °F
Flowing Artesian ☒ Yes ☐ No Pressure: 36 (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: HEATING COMMERCIAL, FISH

8. POSSIBLE CONTAMINATION SOURCES:

Is there evidence of Contamination? ☐ Yes ☒ No

If yes, is there a check-valve present? ☐ Yes ☐ No

Is there a possible source of contamination nearby? ☐ Yes ☐ No

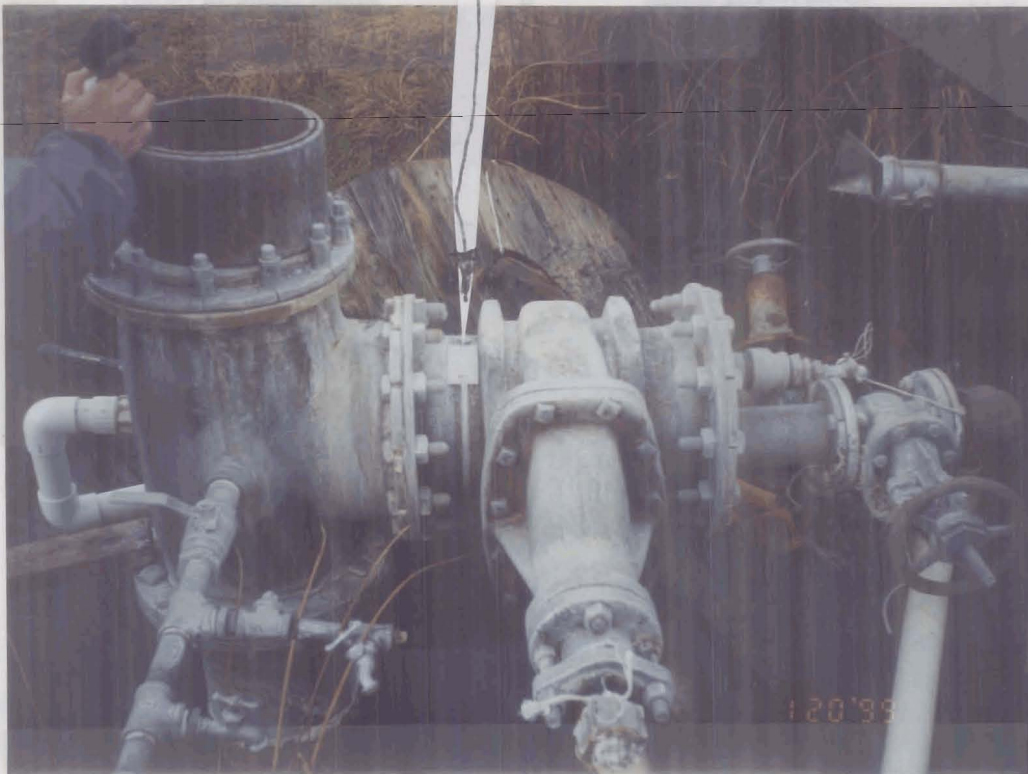
If yes, what Type? _____

How far away from the well is this source? _____

9. REMARKS: Find GPS Tag A000 A82

D. Suterlee

20 January 1999
Inspection Date



LOOKING WEST

LOOKING NE'LY →

