

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

1. DRILLING PERMIT NO: UNKNOWN WATER RIGHT # 37-08750 OTHER APPLICABLE NO: 37-08750
2. OWNER: PEDRO AND/OR TINA CANCHOLA Phone: (208) 934-4639
Address: 1680 EAST 1750 SOUTH GOODING, ID 83330
3. WELL LOCATION: Twp 05S, Rge. 14E, Sec. 35, SE 1/4 NE 1/4
County GOODING (Provide sketch map and photo on reverse.)
4. DRILLER: UNKNOWN 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 _____
Depth of Casing _____ ft. Method Drilled _____
Condition of Well Casing: ☒ Good ☐ Fair ☐ Poor Describe _____
Control Valve? ☒ Yes ☐ No Pressure Gauge: ☒ Yes ☐ No DOES NOT WORK
Condition of Piping and Valving FAIR
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:

[Signature]

ENGINEER IN TRAINING

Signature of Dept. Representative & Title

05/14/97

Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:

