

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

1. DRILLING PERMIT NO: UNKNOWN OTHER APPLICABLE NO: A37-11706

2. OWNER: SLIDER, DOUG Phone: 788-2572
Address: PO BOX 868, BELLEVUE, ID 83313

3. WELL LOCATION: Twp 01N, Rge. 18E, Sec. 12, NW 1/4 SE 1/4
County BLAINE (Provide sketch map and photo on reverse.)

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

5. WELL CONSTRUCTION:

Casing Diameter 8 inches Water tight cap? ☒ Yes ☐ No Access Port: ☒ Yes ☐ No
Casing $\geq$ 12 inches above ground? ☒ Yes ☐ No - Describe SEE PHOTO
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:		

POSSIBLE CONTAMINATION (SRCS):

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: MOST N'LY OF THE 2 WELLS
WELLS APPROX 100'± ON N-S LINE

Gina Satterlee

Signature of Dept. Representative & Title

19 June 97

Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:



PHOTO LOOKING

