

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

1. DRILLING PERMIT NO: _____ OTHER APPLICABLE NO: A37-11064
2. OWNER: BYRAM, ERLE & CYNTHIA Phone: 934-4379
Address: PO BX 204, GOODING, ID. 83330
3. WELL LOCATION: Twp 05S, Rge. 15E, Sec. 31, 6E 1/4 NW 1/4
County GOODING (Provide sketch map and photo on reverse.)
4. DRILLER: _____ Lic. No. _____
When Drilled? 1972 ±
5. WELL CONSTRUCTION:
Casing Diameter 6 inches Water tight cap? ☒ Yes ☐ No Access Port: ☒ Yes ☐ No
Casing ≥ 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 130 ft. Water Temperature _____ °F
Flowing Artesian ☐ Yes ☒ No Pressure: 50 (psi) gauge
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: 2HP PUMP

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: _____

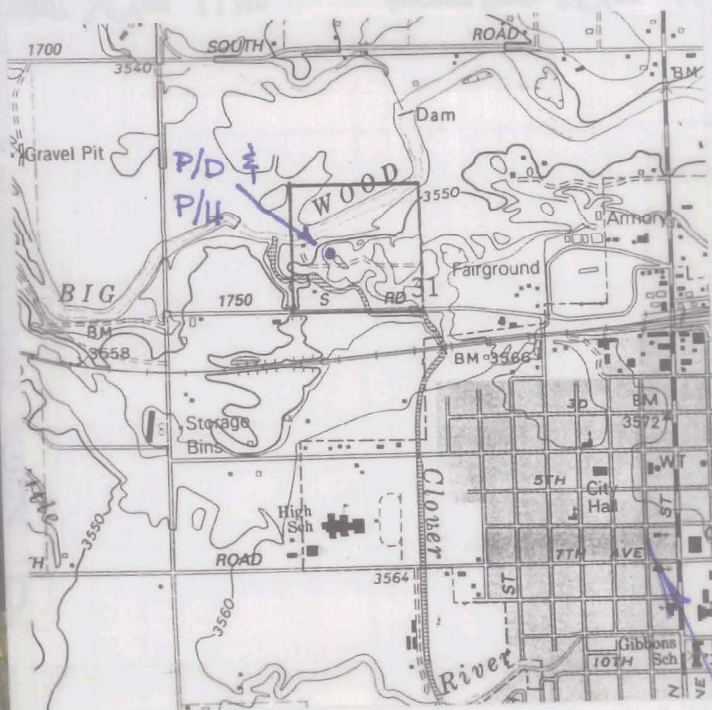
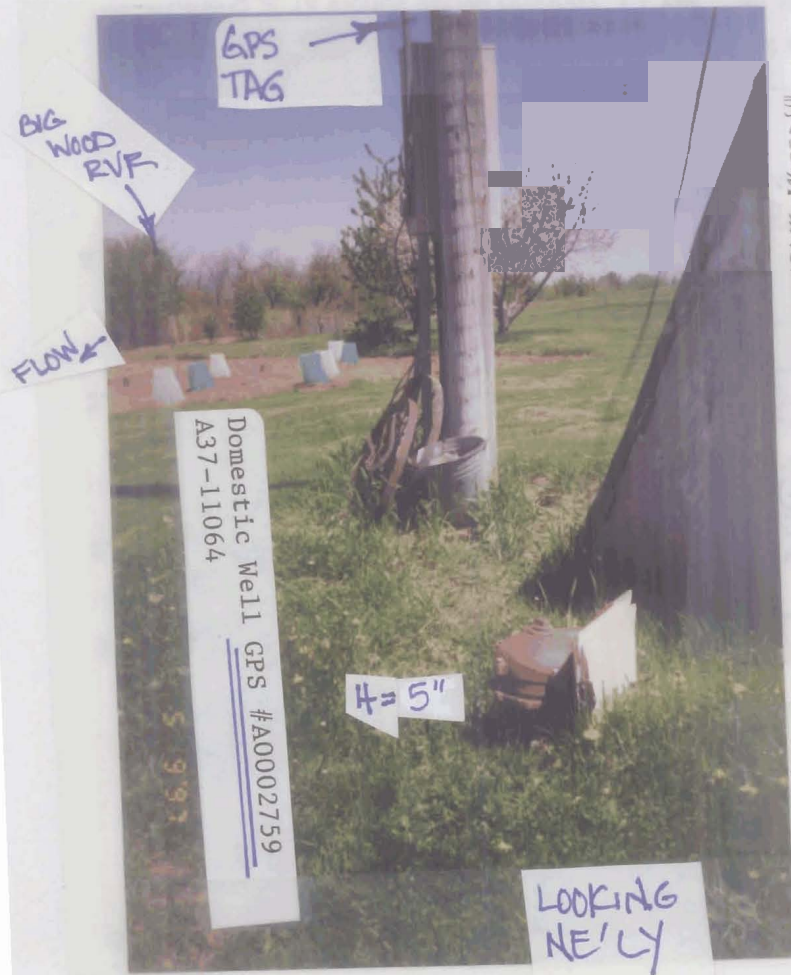
Georgia Satterlee

Signature of Dept. Representative & Title

9 May 1997

Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:



SEC 31, T05S, R15E
SEC NW 1/4

GOODING