

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

?? AUGMENT 2nd WELL ??
INTO ↓

1. DRILLING PERMIT NO: _____ OTHER APPLICABLE NO: 37-08760
2. OWNER: FIGGE, JIM SE Phone: 726-2112
Address: 70 JAMES SPECK PO BX 987, KETCHUM, 83340
3. WELL LOCATION: Twp 05N, Rge. 17E, Sec. 10, SE 1/4 NW 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 ≥ 12 inches above ground? ☒ Yes ☐ No - Describe 12" above grnd.
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:
☐ 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: THE S'LY WELL WAS STUMBLED UPON BY ACCIDENT.
WHEN I RTND. TO GPS N'LY WELL IS WHEN I FND.
IT. I CALLED MR. FIGGE TO FIND OUT ABOUT
SECOND WELL & I HAVE NOT RCVD. CALL BACK.

G. Satterlee

Signature of Dept. Representative & Title

WR. Ag.

19 June 97

Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:

