

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

1. DRILLING PERMIT NO: _____ OTHER APPLICABLE NO: A37-11707
2. OWNER: RICHMOND, TOM AND LINDA Phone: 788 4305
Address: PO BOX 1105, HAILEY, ID. 83333
3. WELL LOCATION: Twp 02N, Rge. 15E, Sec. 05, NE 1/4 NE 1/4
County BLAINE (Provide sketch map and photo on reverse.)
4. DRILLER: KEN SMITH Lic. No. _____
When Drilled? 1980±
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 8" o.g.
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: _____

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:

CLAIMANT USE TO HAVE SANDPOINT WELLS.
AS OF TODAY, ONLY THE GROUNDWATER WELL
(PICTURED) IN USE.

(BELOW)
(ANOTHER WELL FOR 37-08423 SAME OWNER)

G. S. Hester WR Agent
Signature of Dept. Representative & Title

14 Aug 97
Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:

A0002944

