

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

- (A37-11837)
1. DRILLING PERMIT NO: _____ OTHER APPLICABLE NO: 37-02747
2. OWNER: WOOD RIVER RANCH Phone: 788-2753
Address: PO BOX 479, BELLEVUE, ID. 83313
3. WELL LOCATION: Twp D1N, Rge. 18E, Sec. 12, SW 1/4 SE 1/4
County BLAINE (Provide sketch map and photo on reverse.)
4. DRILLER: _____ Lic. No. _____
When Drilled? PPE-1971
5. WELL CONSTRUCTION:
- Casing Diameter _____ 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
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: _____ | | |

* PER A37-11837

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: _____

Deanna Sautter

Signature of Dept. Representative & Title

02 Feb 98

Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:



GPS A0004681
POLE #1088

LOOKING SW'LY