

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

1. DRILLING PERMIT NO: _____ OTHER APPLICABLE NO: 37-08438
or (208) 726-4464
2. OWNER: Samuel Grossman Phone: (602) 249-0670
Address: 1703 W Bethany Home Rd Phoenix AZ 85015
3. WELL LOCATION: Twp 04N, Rge. 17E, Sec. 12, SW 1/4 NE 1/4
County Blaine (Provide sketch map and photo on reverse.)
4. DRILLER: _____ Lic. No. _____
When Drilled? _____
5. WELL CONSTRUCTION:
Casing Diameter 9 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 - Lawn Zones ☐ Stock
☐ Test ☐ Municipal ☐ Industrial
☐ Abandoned ☐ Waste Disposal/Injection ☐ Not Used
☐ Other: _____

6. POSSIBLE CONTAMINATION SOURCES:

Is there evidence of Contamination? ☐ 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:

Amanda Tolson Summer Field Aid
Signature of Dept. Representative & Title

Aug 19, 1999
Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:

GPS TAG #
40004831

