

IDAHO DEPARTMENT OF WATER RESOURCES

WELL INSPECTION FORM

DRILLING PERMIT NO: _____ OTHER APPLICABLE NO: 72-07443

OWNER: Jones, John & Verna Phone: (208) 879-5558

Address: PO Box 1252, GAULS, ID. 83226

WELL LOCATION: Twp 13N, Rge. 19E, Sec. 11, NE 1/4 NE 1/4
County CUSTER (Provide sketch map and photo on reverse.)

DRILLER: _____ Lic. No. _____

When Drilled? _____

WELL CONSTRUCTION:

Casing Diameter 6" inches Water tight cap? ☒ Yes ☐ No Access Port: ☒ Yes ☐ No

Casing $\geq$ 12 inches above ground? ☒ Yes ☐ No - Describe 30" 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)

HYDROLOGIC INFORMATION:

Depth to Static Water _____ ft. Water Temperature _____ °F

Flowing Artesian ☐ Yes ☒ No Pressure: 40 (psi)

Water Sample Taken? ☐ Yes ☒ No If yes, describe purpose _____

Water Quality Measurements/Observations (Describe) _____

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:

* GPS Tag A0007825 On Pumphouse 5' E. of Well

J. Satterlee

Signature of Dept. Representative & Title

23 July 98

Inspection Date

PHOTOS, DRAWINGS, OTHER ATTACHMENTS:

