

# IDAHO DEPARTMENT OF WATER RESOURCES

## WELL INSPECTION FORM

1. DRILLING PERMIT NO: 7 OTHER APPLICABLE NO: 37-08478
2. OWNER: Riverwoods Homeowner's Assoc Phone: 726-7888  
Address: PO Box 3801
3. WELL LOCATION: Twp 04N, Rge. 17E, Sec. 01, SW 1/4 SE 1/4  
County BLAINE (Provide sketch map and photo on reverse.)
4. DRILLER: WALKER Lic. No. \_\_\_\_\_  
When Drilled? \_\_\_\_\_
5. WELL CONSTRUCTION:  
Casing Diameter 21 inches Water tight cap? ☒ Yes ☐ No Access Port: ☒ Yes ☐ No  
Casing  $\geq$  12 inches above ground? ☒ Yes ☐ No - Describe See Photo  
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 5-10 ft. Water Temperature \_\_\_\_\_ °F  
Flowing Artesian ☐ Yes ☒ No Pressure: 65 (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: Aesthetic

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Statterlee*  
19 Oct 98

Inspection Date



Pumphouse, Lot 6 Riverwoods  
Subd.

GPS A0007839

