

4/2011

**IDAHO DEPARTMENT OF WATER RESOURCES
FIELD EXAMINERS
WELL INSPECTION FORM**

1. IDENTIFICATION # WELL ID 291070 (NO METAL TAG) (Tag #, etc.)

OTHER APPLICABLE # _____ (Water right #, etc.)

2. OWNER JAMES & PATRICIA FENNEL Phone (208) 584-3597

Address PO Box 44 City OLA

State ID Zip 83657 Email _____

3. WELL LOCATION (GPS required in Degrees Decimal Minutes – use PLS if GPS not available)

Lat. N 44° 14.105' Long. W 116° 18.061'

Twp 10 N Rge 01 E Sec 2 ¼ NW ¼ NE
Gov't Lot 2

4. WELL CONSTRUCTION ☒ Well log attached ☐ Well log not found

Any obvious construction problems that may be a source for contamination or waste? ☐ Yes ☒ No

If yes, describe below &/or see attached (list any that apply): ☐ Photos ☐ Diagram ☐ Other

5. HYDROLOGIC INFORMATION

Static water if measured NOT MEASURED ft.

Water temperature if measured NOT MEASURED °F

Flowing artesian ☐ Yes ☐ No

Pressure if measured _____ psi

NOTES _____

INSPECTED BY ANGELA GRIMM DATE 6/28/2013