



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

December 4, 2002

Mr. Joe Holdbrook
21 North 4th East
Soda Springs, ID 83276

NOTICE OF UNAUTHORIZED WELL USE

Dear Mr. Holdbrook,

On June 24, 2002, the Idaho Department of Water Resources inspected a well located in $\frac{1}{4}$ SE, $\frac{1}{4}$ SW, Sec. 29, T.6S, R.39E that appears to be under your ownership and operation. A copy of our field inspection report and a map with the well identified as 29-Illegal-1 is enclosed for your review.

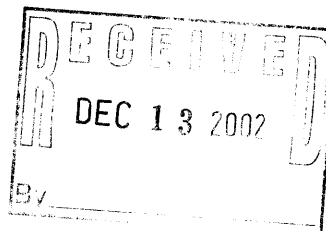
The results of our field inspection show the well is used for injection of agricultural runoff water from the adjacent pond through the open surface casing of the well. Injection of surface water into a well greater than 18 feet deep is prohibited without an injection well permit under Rules and Minimum Standards for Use and Construct of an Injection Well, IDAPA 37.03.03. Analytical results from water quality samples collected at the pond contain total coliform and e-coli bacteria concentrations that exceed water quality standards at the point of inject under Rules and Minimum Standards for Use and Construct of an Injection Well, IDAPA 37.03.03. The well must be abandoned or constructed in a manor for production purposes that meets Well Construction Standards Rules for the State of Idaho, IDAPA 37.03.09.

Please contact me within 30 days by telephone at (208) 327-7885 or at the address listed above to discuss a resolution to this situation. At this time, we are seeking your cooperation in this matter before pursuing a Notice of Violation enforcement action.

Sincerely,

Chris Duncan, UIC Program

cc: Cindy Bird, IDWR, Soda Springs
Dennis Dunn, IDWR, Idaho Falls



IDWR UIC PROGRAM - RECORD OF INSPECTION OF INJECTION WELL

UIC Permit Number 29-ILLEGAL-1

1. GENERAL

Date 6/24/02 Time 9:00 Inspector Chris Duncan

Type of Inspection: ☐ Permit ☐ Renewal ☒ Compliance ☐ Abandonment

Well Permit Expiration Date None

UIC Well Classification 5F1 ☐ from field observation ☐ from permit

5A5 Electric Power Generation	5D4 Industrial Storm Runoff	5W11 Septic Systems (General)	5X16 Spent Brine Return Flow
5A6 Geothermal Heat	5F1 Agricultural Runoff Waste	5W12 Water Treatment Plant Effluent	5X25 Experimental Technology
5A7 Closed-Loop Heat Pump Return	5G30 Special Drainage Water	5W20 Industrial Process Water	5X26 Aquifer Recharge
5A8 Aquaculture Return Flow	5N24 Low-Level Radioactive Waste	5W31 Septic Systems (Well Disposal)	5X27 Other Wells
5A19 Cooling Water Return	5R21 Aquifer Recharge	5W32 Septic Systems (Drainfield)	5X28 Service Station Wells
5B22 Saline Water Intrusion Barrier	5S23 Subsidence Control	5X13 Mine Tailing Backfill	5X29 Abandon Drinking Wells
5D2 Storm Water Runoff	5W9 Untreated Sewage	5X14 Solution Mining	
5D3 Improved Sinkholes	5W10 Cesspools	5X15 In-Situ Fossil Fuel Recovery	

Contact ☒ Legal Owner ☐ Representative

Name Joe Holdbrook

Owner Address 21 North 4th East Soda Springs, ID 83276

Well Address _____

Telephone Number -1 547-3450 Telephone Number -2 _____

Well Location: T. 6S R. 39E Sec. 29 QQQ 00 SE Q SW

GPS Location: Lat/Northing 42° 51' 51.89" Long./Easting 111° 54' 58.84" N.A. 1983

GPS Tag Number: None

Well Tag Number: None

Drilling Permit Number: _____

2. FACILITY DESCRIPTION

Well Status: ☒ Active Well ☐ Temp. Abandonment ☐ Permanente Abandonment

Abandonment Description: _____

Well Construction:

Depth to Water: _____ (ft) ☐ Measured ☐ Well Log ☐ Permit

Well Depth: _____ (ft) ☐ Measured ☐ Well Log ☐ Permit

Well Casing: Diameter 10" Approx (in)

Casing Depth _____ (ft) Type: ☒ Steel ☐ PVC

Surface Casing Stick-Up Height 2' (ft) Type: ☒ Steel ☐ PVC

Treatment:

☒ Retention Pond Length 100 (ft) Width 300 (ft) Depth 3 (ft)

☐ Well Screen Description _____

☐ Filtration Description _____

☐ Chemical Description _____

☐ Other Description _____

3. WATER USE

Injection Rate (during inspection) 0 ☐ cfs ☐ gpm ☐ Field Estimated ☐ Permit

Description _____

Distance to Nearest Domestic Well 5280 (ft) ☒ Field Estimated

☐ Field Measured

☐ Permit

4. LAND USE

Business Type: ☒ Ag. Farming ☐ Ag Processing ☐ Automotive Repair ☐ Domestic Home
☐ Manufacturing ☐ Mining ☐ Other _____
Description CATTLE GRAZING

Constituents of Concern in Waste Stream (based on process) BACTERIA AND NITRATES

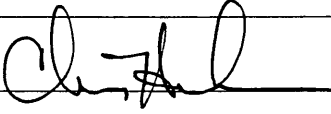
7. Conclusion(s) Is well in permit in compliance? ☐ yes ☐ no

Appears To be Injection Well w/o AN Injection Well Permit.
Open Surface Casing Designed To Take Excess Flow From Adjacent
Pond. Cattle in Pond, Algae Plume. Open Well Surface Casing
Does Not Meet Well Const. Standards.

Water Quality Samples Collected From Pond Within 5'
Of Well Head. Nitrate Sample Not Processed by Lab.

7. Corrective Action(s) / Recommendations(s)

Contact Owner To Correct Illegal Injection Of Water.
Poss. Obtain An Injection Well Permit. Repair Well To
Meet Well Construction Standards.

Field Agent: Signature:  Date: 6/25/02
Name/Title: _____

Attachments:

☒ Lab Report ☐ Sample location diagram ☐ Equipment calibration sheet
☐ Ground sample / well purge sheet ☒ Well location Map ☒ Photo sheets
☐ Water system diagram ☐ Other _____

6. Analytical Samples

6. Analytical Samples																
Date	Time	Sample No.	Media (surface water Injectate, GW, domestic supply)	Q/A (replicate, trip blank, field blank, Equip. blank, split sample)	Analysis									Results		Sampling Method (direct dip, device, decon. procedur description)
					No. of Container(s)	Sample Vol.	Sample Container Type	Total Coliform	Fecal Coliform	NITRATE				Preservative (4°C, ect...)	Result	
6/24/02	9:15	65	SW		1	1 L	P	X	X	X				101	Pond water at well head	DD

Notes: well was not taking water, sample collect from Pond water at well head

7. Physical Water Parameters (Field Measurements)

7. Physical Water Parameters (Field Measurements)													
Date	Time	Correspondin g Sample No.	Media (surface water Injectate, GW, domestic supply)	Q/A (replicate, trip blank, field blank, Equip. blank, split sample)	Analysis								Sample Location (GPS, diagram attached, description)
					Sample Vol.	Sample Container Type	Temperature (°C)	Specific Conductance (µmohs/cm)	pH	Turbidity (NTU)	Salinity (ppt)	D.O. (mg/l)	

Notes: (include equip. and equip. calibration form)

RECEIVED

JUL - 8 2002

Magic Valley Labs, Inc.
210 Addison Ave
Twin Falls ID 83301

Department of Water Resources

IDWR / Chris Duncan
1301 N Orchard
Boise ID 83701

Date	Time	Name	Sample #	Total coliform mpn/100ml	Fecal coliform cfu/100ml	Completed	Initials
6/24/2002	9:30am	65 Joe Holbrook	7062080	52	20	6/25/2002	EB
6/24/2002	10:10am	66 William Treasure	7062081	3580	600	6/25/2002	EB
6/24/2002	11:15am	67	7062082	1830	220	6/25/2002	EB

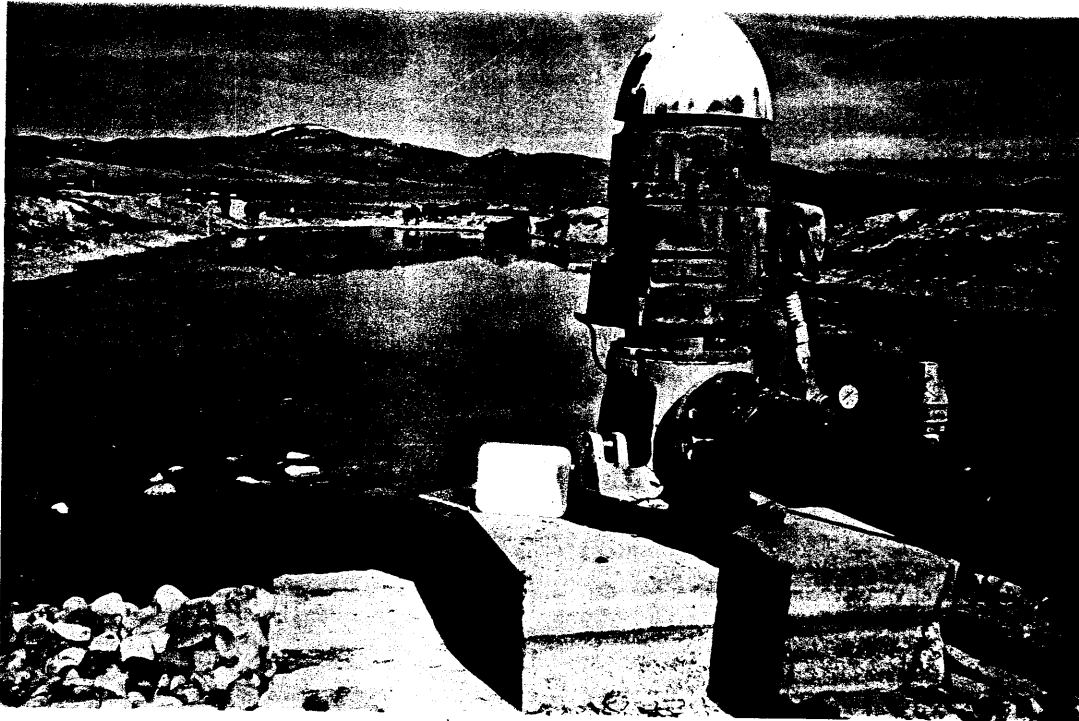
Signature & date: Colleen Rasmussen 7-5-02

UIC Permit Numb

29-Illegal-1

Joe Holdbrook

RECORD OF INSPECTION OF INJECTION WELL



Note: Well Head Looking West Date: 6/24/02 Time: 9:00