



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

December 4, 2002

Mr. William Treasure
2888 Chesterfield Road
Bancroft, ID 83217

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

NOTICE OF UNAUTHORIZED WELL USE

Dear Mr. Treasure,

On June 24, 2002, the Idaho Department of Water Resources inspected a well located in $\frac{1}{4}$ NE, $\frac{1}{4}$ SW, Sec. 33, 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-2 is enclosed for your review.

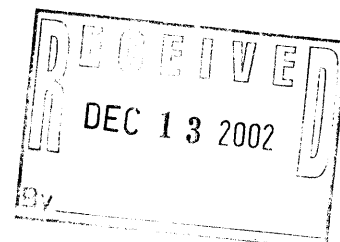
The results of our field inspection show the well is used for injection of agricultural canal water through open slots in the surface casing of the well. Injection of surface water into a well greater than 18 feet deep is prohibited without an injection well permit under Rules and Minimum Standards for Use and Construct of an Injection Well, IDAPA 37.03.03. Analytical results of water quality samples collected at the well head show the injected water contains 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, 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

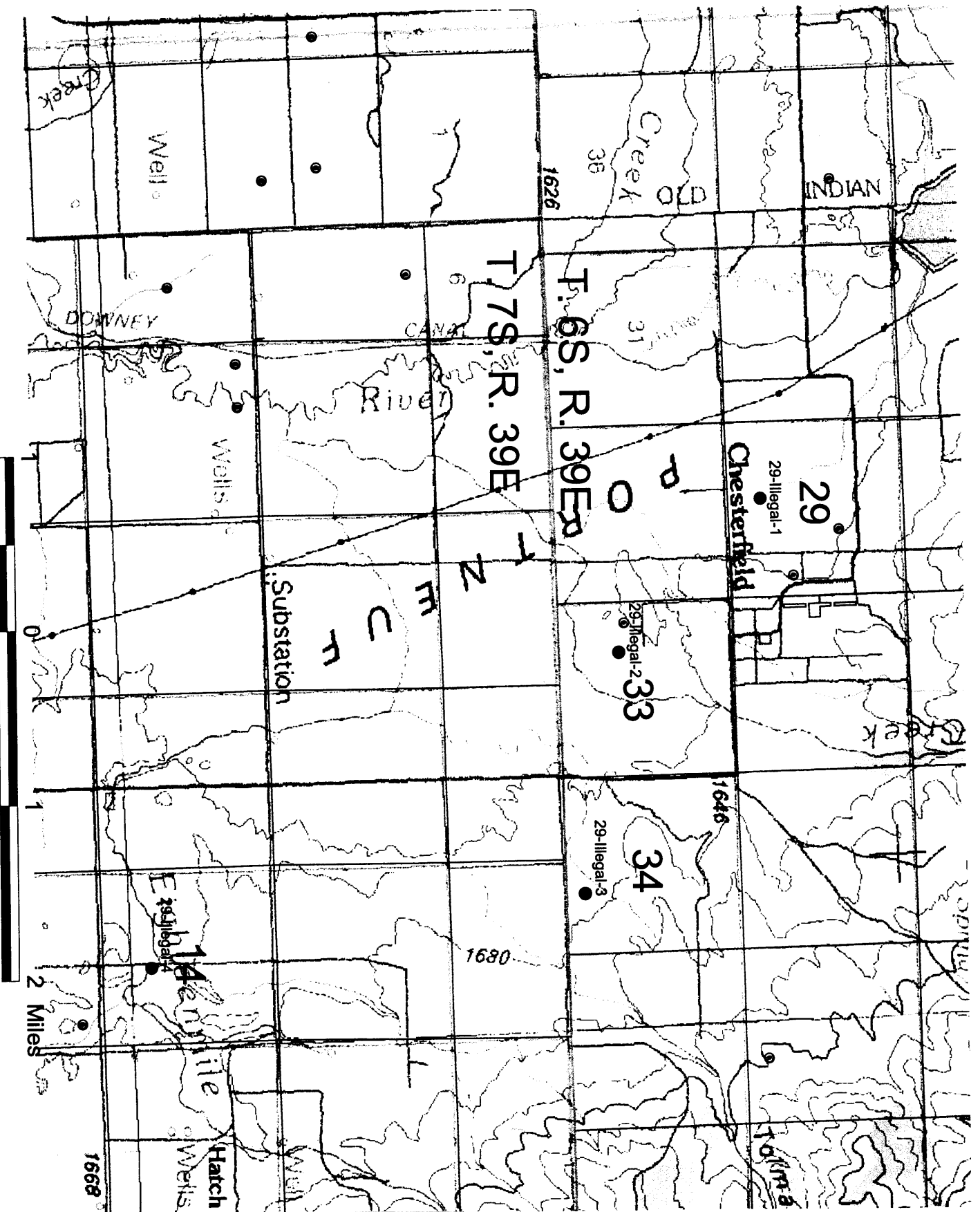
cc: Cindy Bird, IDWR, Soda Springs
Dennis Dunn, IDWR, Idaho Falls



CHESTERFIELD, IDAHO AREA

LEGEND

- Open-legal well, atp
- 5002
- 5004
- 5001
- 5030
- 5021
- 5020
- Production Wells, atp
- Dairy-facility, atp
- Geob. formation, atp
- Geob. section, atp



IDWR UIC PROGRAM - RECORD OF INSPECTION OF INJECTION WELL

UIC Permit Number 29-Illegal-2
William TREASURE

1. GENERAL

Date 6/24/02 Time 10:00 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 William TREASURE
 Owner Address 2888 Chesterfield Road BANCRAFT, ID 83217
 Well Address Operated by Jase Hatch 648-7750
 Telephone Number -1 648-7897 Telephone Number -2

Well Location: T. 6S R. 39E Sec. 33 QQQ QQ NE Q SW

GPS Location: Lat/Northing 42° 51 7.90 Long./Easting 111° 53 58.47

GPS Tag Number:

Well Tag Number:

Drilling Permit Number:

2. FACILITY DESCRIPTION

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

Abandonment Description:

Well Construction:

Depth to Water: (ft) ☐ Measured ☐ Well Log ☐ Permit
 Well Depth: (ft) ☐ Measured ☐ Well Log ☐ Permit
 Well Casing: Diameter 12 (in)
 Casing Depth (ft) Type: ☒ Steel ☐ PVC
 Surface Casing Stick-Up Height 3 (ft) Type: ☒ Steel ☐ PVC

Treatment:

☐ Retention Pond Length (ft) Width (ft) Depth (ft)
 Description
☐ Well Screen Description
☐ Filtration Description
☐ Chemical Description
☐ Other Description

3. WATER USE

Injection Rate (during inspection) 10 ☐ cfs ☒ gpm ☒ Field Estimated ☐ Permit
 Description ☐ Field Measured - Equip.

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 RAUCH AND GRASS CROPS

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

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

AN INJECTION WELL OPERATING W/O AN INJECTION WELL PERMIT.
SLOT CUT IN WELL CASING (ABOVE GROUND) AND INJECTING WATER
FROM ADJOINING CATCH DOWN A PRODUCTION WELL. WELL DO NOT
MEET WELL CONST. STANDARDS FOR A PRODUCTION WELL, CASING IS
NOT SEALED AT SURFACE.

WATER QUALITY SAMPLES COLLECTED AT WELL HEAD DURING INJECTION.
NO LAB RESULTS FOR NITRATES, WERE NOT PROCESSED BY LAB.

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

OBTAIN AN INJECTION WELL PERMIT OR STOP INJECTING WATER AND
REPAIR WELL TO WELL CONST. STANDARDS (SEAL ABOVE GROUND PORTION
OF WELL).

Field Agent: Signature: Chris Hebl
Name/Title: _____

Date: 6/25/02

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)	No. of Containers)	Sample Vol.	Sample Container Type	TOTAL COLIFORM	FECAL COLIFORM	NITRATE				Preservative (4°C, ect...)	Result	Validation	COC Record No.	Sample Location (GPS, diagram attached, description)	Sampling Method (direct dip, device, decon. procedur description)
6/21/02	16:10	66	SW		1	1L	P	X	X	X				402			101	AT Well Head	DD

Notes: Sampled INJECTATE AT Well Head FROM CANAL. Note: NITRATE ANALYSIS WAS NOT PERFORMED
by Lab, NO RESULTS.

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							Results				Sampling Method (direct dip, device, procedure description)	Sample Location (GPS, diagram attached, description)
					Sample Vol.	Container Type	Temperature (°C)	Specific Conductance (µmhos/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
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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 Num

29-ILLEGAL-2

William TREASURE

RECORD OF INSPECTION OF INJECTION WELL



Date: 6/24/02 Time: 10:13
Note: Well Head w/ slot in casing at end of canal