

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
IN-OFFICE REVIEW/BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATIONPermit No: 85-15820Exam Date: 4/2/2021

1. Does this qualify for an in-office field exam (IDAPA 37.03.02.035.01.r)? X Y N
- Irrigation of 5 acres or less
 - Storage of up to 14.6 AF for stockwater purposes only
 - Any use other than irrigation or storage, if the combined diversion rate is 0.24 cfs or less
 - Other < >

2. Current Owner: Name: Randall C. and Gwen A. Pomp
 Owner of Record Correct? X Y N
 Address of Record Correct? Y N
 If No: Address

The tax parcels records show Randal and Gwen Pomp as the owners of the property.

3. Beneficial Use Fees have been paid: X Y N Receipt No: N/A

4. **SOURCE** **TRIBUTARY**

Ground Water

Method of Determination: GIS, Well Driller's Report, and Tax Parcel Data

Change in Source: Y X N

B. OVERLAP REVIEW

1. Other water rights with the same place of use: NO Overlap

Water Right No.	Source	Purpose of Use	Basis

Comments: There are no overlapping rights for this place of use.

2. Other water rights with the same point of diversion: NO Overlap

Water Right No.	Source	Purpose of Use	Basis

Comments: There are no overlapping rights for this point of diversion.

C. DIVERSION AND DELIVERY SYSTEM**1. LOCATION OF POINT(S) OF DIVERSION:**

Source	Govt. Lot	¼	¼	¼	Sec.	Twp.	Rge.		County
Well Tag # D0022987			NW	NE	33	36N	1W	B.M.	Nez Perce
								B.M.	
								B.M.	

Method of Determination: GIS, Well Driller's Report, and Tax Parcel Data.Change in POD? X N Amendment Required? X N**2. PLACE OF USE:** Use: Domestic

TWP	RGE	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
36N	1W	33		D															
		Lot #																	
Total Acres =																			

Method of Determination: GIS and Tax Parcel DataChange in POU? X N Amendment Required? X N Delivery System Diagram Attached (required). Indicate all major components and distances between components.

Indicate weir size/pipe as applicable.

 X Aerial Photo Attached (required for irrigation of 10+ acres). Photo of Diversion and System Attached

4. Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
Well Pump	Unknown				

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date
NONE						

2. Measurements: No measurement is required for an in-house exam.

E. FLOW CALCULATIONS

___ Additional Computation Sheets Attached

Measured Method:

There was no information submitted with the application for permit that tells what the size of the well pump is for this permit. Therefore, I am required to fall back on the standard for domestic use set forth by Administrative Processing Memo #22.

Administrative Memo #22 = 0.04 cfs for domestic use
Permit allowed = 0.04 cfs

I am recommending 0.04 cfs since the permit limitation was based on Administrative Memorandum #22.

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \underline{\hspace{2cm}}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = \underline{\hspace{2cm}}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = \underline{\hspace{2cm}}$$

2. Volume Calculations for Other Uses:

Administrative Processing Memorandum #22 provides guidance to allow 1.2 af for in-house use and yard irrigation.

G. PURPOSE OF USE

Irrigation X Y N # Stock Domestic # of Homes 1

Other: < >

Change in Purpose of Use? Y N

Method of Determination: Taxlot data and conversations with owner.

If Yes: From Use To Use Amount CFS AFA

H. NARRATIVE/REMARKS/COMMENTS

This permit qualifies for an in-house examination. The home for this permit sits within a 70 acre parcel that includes the SWNE, but the home and yard are totally located in the NWNE. Tax parcel records suggest that the home was constructed in 2003. Aerial imagery confirms the home was constructed some time prior to 2004.

There aren't any overlapping water right or other issues that would prevent this permit from being licensed. The proof of beneficial use was sent approximately 10 days after the permit was approved. Since this home was constructed several years prior to the filing of the water right permit and the use falls within the exempt use authorized by Idaho Code §42-227 and §42-111, we should proceed with licensing this permit without limiting them to a 10 day development period.

Conditions X01 and 187 are the only conditions that should be carried forward to licensing. Condition 004 is no longer needed, because the entire right is located within a single tax parcel.

Have conditions of permit approval been met? X Yes No

I. RECOMMENDATIONS**1. Recommended Amounts**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
Domestic	01/01 to 12/31	0.04 CFS	1.2 AF
<u>Totals:</u>		0.04 CFS	1.2 AF

2. Recommended Amendments

___ Change P.D. as reflected above ___ Add P.D. as reflected above X None

___ Change P.U. as reflected above ___ Add P.U. as reflected above X None

Other: < >

J. AUTHENTICATION – DANIEL A. NELSON – WATER RIGHT ANALYST 3

Field Examiner's Name  Date 4-2-21

Reviewer  Date 4/6/21

Field Exam Map:

The yellow border shows the place of use and the yellow point shows the point of diversion.



Nez Perce County Tax Records

Property Information

Owner(s): POMP RANDALL C & POMP GWEN A

Legal Taxes Assessor Residential Commercial **Photos** Sketches

Selected Properties:1

☒ RP36N01W330625

Buffer Zoom All Zoom Current

Property Information

Owner(s): POMP RANDALL C & POMP GWEN A

Legal Taxes Assessor **Residential** Commercial Photos Sketches

General

Review Year	2019
Class	5
Use Code	Single Family Class 5
Year Built / Remodeled	2003 / N/A
Purchase Date	
Market Grade	4
Stories	1

Rooms

Living Room(s)	1
Kitchen(s)	1
Dining Room(s)	1
Family Room(s)	1
Bedroom(s)	3
Bathroom(s)	2
Utility Room(s)	1
Other Room(s)	
Fireplace(s)	

Square Footage

Buffer Zoom All Zoom Current

RECEIVED

Form 238-7
6/02

NOV 25 2002

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. DWR/North 0022987

DRILLING PERMIT NO. 789143

Water Right or Injection Well No. _____

2. OWNER:

Name RANDY POND
Address PO BOX 156
City GRAHAMONT State ID Zip 83525



3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 36 North ☒ or South ☐
Rge. 1 East ☐ or West ☒
Sec. 35 NE 1/4 NE 1/4 1/4
Gov't Lot _____
County NEPERCE 160 acres

Lat: _____ Long: _____
Address of Well Site MELOSE R.D.

(Give at least name of road - Distance to Road or Landmark)
City _____
Lt. _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)
☐ New Well ☒ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) _____

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	-20	380	25	PUL	☐	☒	☒	☐
6	380	620	25	STEEL	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method TOUCH

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
520	620	1/4	100	6	STEEL	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

600 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: _____

Well cap
36N 1W 33

12. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15-20		720	2 hr

Water Temp. 57° Bottom hole temp. _____

Water Quality test or comments: GOOD

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water
6	625	641	CASALT SLACK	Y
6	641	671	CLAY	N
6	671	725	CASALT SLACK	Y

Completed Depth 725 (Measurable)

Date: Started 11-13-02 Completed 11-22-02

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name NAIR AND SONS Firm No. 616

Principal Driller Paul Nair Date 11-22-02

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

