

4/2014

IN-OFFICE BENEFICIAL USE EXAM REPORT

Permit No. 67-14474

Prepared by Angie Grimm

Date 10/23/14

Same as permit Different than permit

Owner Name	☐	☒ <u>Remove Leland Whitlatch (deceased).</u>
Owner Address	☒	☐ _____
Source	☒	☐ _____
Tributary	☒	☐ _____
POD	☒	☐ _____
POU	☒	☐ _____
Beneficial Use(s)	☐	☒ <u>Only 3.8 ac irrigation per 2011 Aerial Photo w/ site visit. Recommend 0.08 cfs (3.8 ac x 0.02 cfs/ac - permitted rate/ac) 15.2 AF [(3.8 ac x 4.0 af/ac = 15.2 af) < (0.08 cfs x 231 days x 1.9835 = 36.7 af)] for irrigation of 3.8 ac includes Whitlatch lawn, pasture, and church (Cambridge Bible Church) pastor's lawn/landscaping.</u>

Exam Fee Required for Permitted Rate \$50.00

Exam Fee Paid \$50.00

Overlaps ☒ No ☐ Yes, summarize _____

Amendment ☒ No ☐ Yes, summarize _____

Technical Confirmation Tools

ArcMap	☒	GPS	☒
Taxlot	☒	Photos	☒
Well Log	☒	Diagrams	☐
Other	☒ explain: <u>Site visit 9/23/14.</u>		

Conditions/Comments Well D0009412 equipped with 1.5 hp Pentair 4 inch submersible motor (motor serial no. P3014X420201) and pump (pump serial no. 001F14L). Letter & death certificate requesting removal of deceased husband from right ownership attached. Well only source of irrigation on 3.8 acres. Internal domestic water provided by City of Cambridge.

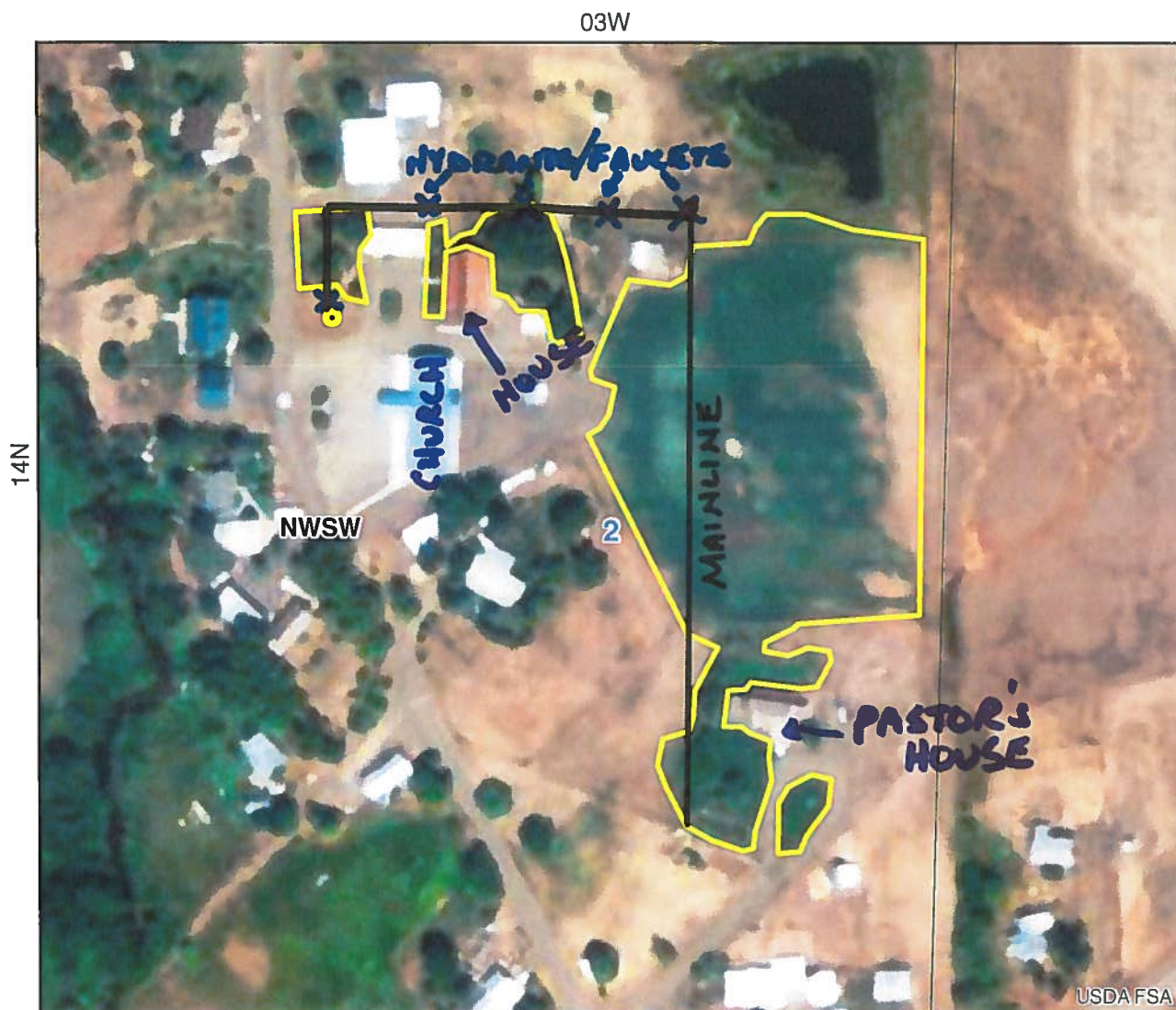
Exam Date Entered ☒

Draft License Created ☒

Shapes Updated ☒

State of Idaho
Department of Water Resources

67-14474 Field Exam Report System Diagram & Map



- Point of Diversion
- Place Of Use Boundary
- Townships
- PLS Sections
- Quarter Quarters

0 0.0225 0.045 0.09 Miles



4/2011

IDAHO DEPARTMENT OF WATER RESOURCES
FIELD EXAMINERS
WELL INSPECTION FORM

1. IDENTIFICATION # D0009412 (Tag #, etc.)

OTHER APPLICABLE # 67-14474 (Water right #, etc.)

2. OWNER LINDA WHITLATCH Phone (208) 257-3593

Address 480 CEMETERY RD City CAMBRIDGE

State ID Zip 83610 Email _____

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

Lat. N 44° 34.632' Long. W 116° 40.403'

Twp 14N Rge 3W Sec 2 ¼ NW ¼ SW

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 N/A ft. Water temperature if measured N/A °F

Flowing artesian ☐ Yes ☐ No Pressure if measured _____ psi

NOTES NO STATIC WATER LEVEL OR WATER TEMPERATURE MEASUREMENTS
TAKEN AT TIME OF 67-14474 BENEFICIAL USE FIELD EXAM.

INSPECTED BY  DATE 10/27/14

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :
☒ Air ☐ Flowing Artesian

1. WELL TAG NO. D 0009412
DRILLING PERMIT NO. 67-99 W-0034-000
Other IDWR No. _____

2. OWNER: Leland Whitehead
Name _____
Address 480 Cemetery Rd
City Cambridge State Id Zip 83610

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
W
E
S
Twp. 14 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 2 1/4 NW 1/4 SW 1/4
Gov't Lot _____ County Washington
Lat: : : Long: : :
Address of Well Site 480 Cemetery Rd. City Cambridge
(Give at least name of road + Distance to Road or Landmark)

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/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
<u>Bentonite</u>	<u>3</u>	<u>50-39</u>			<u>Pour</u>

Was drive shoe used? ☒ N Shoe Depth(s) 179
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6 1/2</u>	<u>1.25</u>	<u>179</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations _____ Method _____
Screens _____ Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS: 95459

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>40+</u>	<u>N/A</u>	<u>175</u>	<u>5 hrs</u>

Water Temp. Cold Bottom hole temp. Cold
Water Quality test or comments: Small amount of Flo
ing mica Depth first Water Encounter 3

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Wa

Bore Dip.	From	To	Remarks: Lithology, Water Quality & Temperature	Y
	11	0	1 gravel	
	11	1	6 Sand & gravel	
	11	6	29 Brown Clay	
	11	29	35 Gray Clay	
	11	35	36 Baked Blue Clay Shale	X
	11	36	50 Blue Clay - Baked	
8.5	50	63	Blue Clay - Baked	
8.5	63	70	Brown Clay	
8.5	70	81	Gray Clay	
8.5	81	90	Brown Clay	
8.5	90	103	Gray Clay	
8.5	103	143	Brown Clay	
8.5	143	145	Rock	X
8.5	145	146	Clay & Rock	
8.5	146	156	Gray Clay & Shale	
8.5	156	157	Brown Clay	
8.5	157	174	Gray Clay & Shale	
25	174	179	Gray Clay & Shale	
6	179	181	Gray Clay & Shale	
6	181	184	Sandy Clay	
6	184	194	Sand	(X)
6	194	195	Clay on tree	

BITS
11" 0 To 50
8.5" 50 To 174
6" 174 To 195

RECEIVED
JUN 16 1999
MICROFILMED
AUG 25 1999
WATER RESOURCES
WESTERN REGION
RECEIVED
JUN 21 1999

Completed _____ Depth 179
Date: Started 5-22-99 Completed 6-7-99

13. DRILLER'S CERTIFICATION

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

Company Name POD inc Firm No. 589

Firm Official Pat Damm Date 6-14-99

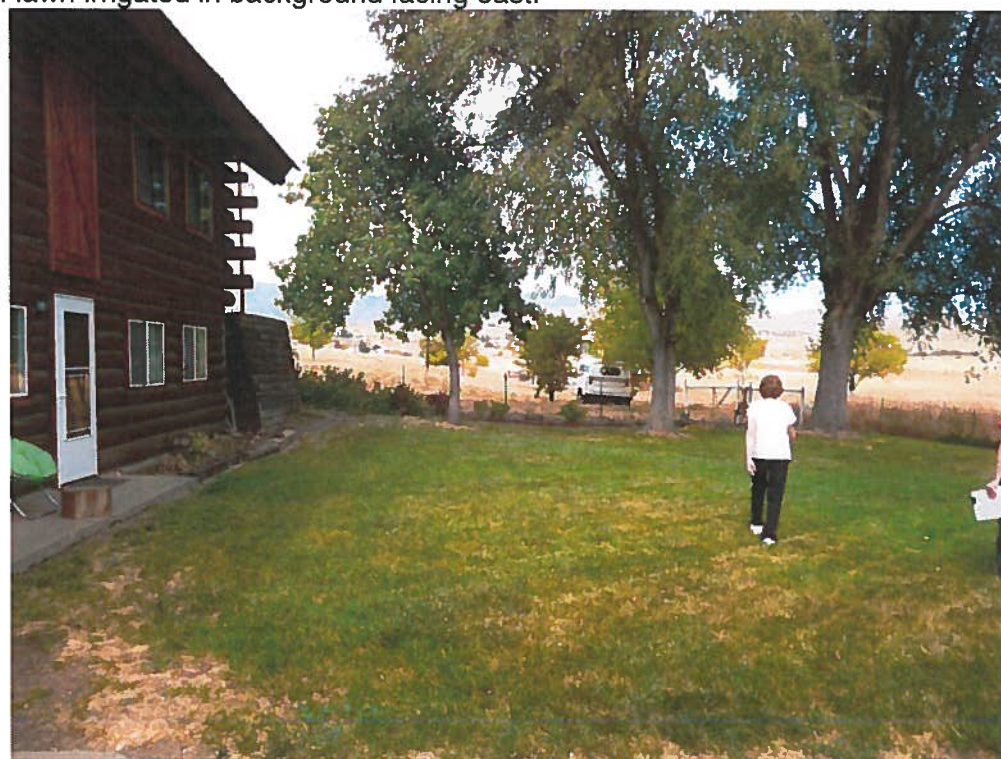
and
Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

67-14474 Beneficial Use Field Report Photos



67-14474 Site Visit 9/23/2014: POD well inside small well house with brown roof. House and portion of lawn irrigated in background facing east.



67-14474 Site Visit 9/23/2014: Portion of POU, behind house, facing north.

RECEIVED

OCT 14 2014

WATER RESOURCES
WESTERN REGION

October 10, 2014

State of Idaho Department of Water Resources
2735 Airport Way
Boise, Idaho 83705

Angela,

This letter is to let you know that my husband, Leland Whitlatch, passed away on November 8, 2006. I am enclosing a copy of his death certificate. Please remove his name from all future paper work regarding the water rights on my property located at 480 Cemetery Rd. Cambridge, Idaho 83610.

Thank you,


Linda L. Whitlatch

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF HEALTH POLICY AND VITAL STATISTICS

DATE FILED BY STATE REGISTRAR:

State of Idaho
CERTIFICATE OF DEATH

STATE FILE NO.

2006-0008716

NOV 13 2006

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THE DEATH UNDER §§3-319 AND §§3-474, IDAHO CODE.

Local Reg. No. **3093**

TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	DECEDENT	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) Leland Burdette Whitlatch		2. SEX Male	3. SOCIAL SECURITY NUMBER [REDACTED]	
	4a. AGE-Last Birthday 61 (Years)	4b. UNDER 1 YEAR Months: _____ Days: _____	4c. UNDER 1 DAY Hours: _____ Minutes: _____	5. DATE OF BIRTH (Mo/Day/Yr) July 7, 1945	6. BIRTHPLACE (City and State, Territory, or Foreign Country) Chariton, Iowa	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY Idaho		7b. COUNTY Washington		7c. CITY OR TOWN Cambridge	
	7d. STREET AND NUMBER 480 Cemetery Road		7e. APT. NO. _____	7f. ZIP CODE 83610	7g. INSIDE CITY LIMITS? ☒ Yes ☐ No	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	PARENTS	8. MARITAL STATUS AT TIME OF DEATH ☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown				
	9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) Linda Lou Gartin					
	10. EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No	11a. FATHER'S NAME (First, Middle, Last, Suffix) Caryl Burdette Whitlatch		11b. BIRTHPLACE (State, Territory, or Foreign Country) Iowa		
	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Ima Corene Fluke		12b. BIRTHPLACE (State, Territory, or Foreign Country) Iowa			
JANIT TION	OF H	13a. INFORMANT'S NAME (Type or print) Caryl Whitlatch		13b. RELATIONSHIP TO DECEDENT Son	13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 480 Cemetery Rd.-Cambridge, ID 83610	
	14. METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) Flaming Heart Church & Family Cemetery Council, Idaho		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY Caryl Whitlatch 480 Cemetery Road Cambridge, Idaho	
	17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH <i>[Signature]</i>		17b. LICENSE NUMBER (Of licensee) _____		18. WAS CORONER CONTACTED? ☒ Yes ☐ No	
	PLACE OF DEATH (19-22)					
OF H OF TH	19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☒ Decedent's home ☐ Other (Specify) _____					
	20. FACILITY NAME (If not facility, give street and number) 480 Cemetery Road		21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE Cambridge 83610		22. COUNTY OF DEATH Washington	
	23. DATE OF DEATH (Mo/Day/Yr) (Spell month) November 8, 2006		24. TIME OF DEATH 1825 (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) November 8, 2006	
	26. TIME PRONOUNCED DEAD 1825 (24hr)					
27. CAUSE OF DEATH PART I. Enter the chain of events -- diseases, injuries, or complications -- that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → Pancreatic Cancer a. DUE TO (or as a consequence of): _____ b. DUE TO (or as a consequence of): _____ c. DUE TO (or as a consequence of): _____ d. DUE TO (or as a consequence of): _____ SEQUENTIALLY LIST CONDITIONS, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Last disease or injury that initiated the events resulting in death) → Colon Cancer						
CERTIFIER: Complete Within 72 Hours of Death	28a. WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? ☐ Yes ☐ No			
	29. DID TOBACCO USE CONTRIBUTE TO DEATH? ☐ Yes ☐ Probably ☒ No ☐ Unknown		30. IF FEMALE (Aged 19-54): ☐ Not pregnant within past year ☐ Pregnant at time of death ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Unknown if pregnant within the past year		31. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Suicide ☐ Homicide ☐ Pending investigation ☐ Could not be determined	
	32. DATE OF INJURY (Mo/Day/Yr) (Spell month) _____		33. TIME OF INJURY _____ (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) _____	
	35. INJURY AT WORK? ☐ Yes ☐ No					
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street or Number or Location _____ Apartment Number _____						
37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable. _____						
38a. CERTIFIER (Check only one, based on official capacity for this certificate) ☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☐ CORONER - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: <i>[Signature]</i> Robert E. Thompson, Coroner						
38b. WHAT SAFETY DEVICE(S) DID DECEDENT USE/EMPLOY? ☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		38c. LICENSE NUMBER _____		38d. DATE SIGNED 11.09.2006 MM DD YYYY		
38e. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) Robert E. Thompson, Coroner 221 E. Court Street Weiser, Idaho 83672		38f. CORONER'S SUCCESSION SIGNATURE IF NECESSARY: The coroner's signature in this item supersedes that of the physician, and the coroner becomes theifier of record. _____		38g. DATE SIGNED _____ MM DD YYYY		
38h. I have reviewed and I hereby amend the medical section. _____		38i. REGISTRAR'S SIGNATURE <i>[Signature]</i>		38j. DATE SIGNED 11.09.2006 MM DD YYYY		

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF HEALTH POLICY AND VITAL STATISTICS.

NOV 28 2006
DATE ISSUED:

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

[Signature]
JANE S. SMITH
STATE REGISTRAR





State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

September 15, 2014

LELAND WHITLATCH
480 CEMETERY RD
CAMBRIDGE ID 83610

RE: Scheduling Field Exam for Water Right Permit No. 67-14474

Dear Mr. Whitlatch:

We are planning to **conduct water right examinations** in the vicinity of the above-referenced permit **during the weeks of September 22 and September 29, 2014**. An examination is needed to verify your water use in order to issue a water right license.

Please be advised that you will need to operate your system under normal conditions during the examination. The permit authorizes diversion of ground water for irrigation of up to 6.0 acres.

In order to conduct your exam as efficiently as possible, we ask that you call this office to schedule a day and time convenient for you. **Please call me at 208-334-2190 by September 26, 2014**. If there is a problem with scheduling or conducting the examination at this time, please call and other arrangements can be made. I appreciate your attention in this matter and I look forward to hearing from you.

Sincerely,

Angela M. Grimm, P.G.
Water Resource Agent, Sr.