



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • Fax: (208) 287-6700 • Web Site: www.idwr.idaho.gov

C.L. "BUTCH" OTTER

Governor

GARY SPACKMAN

Director

August 28, 2012

MELODY LEMON
PO BOX 656
KAMIAH ID 83536

Re: Change in Address Form and Concerns Regarding Neighbors New Well

Dear Mrs. Lemond:

Thank you for contacting the Idaho Department of Water Resources in regard to your water right. During our telephone conversation you told me that your neighbor is constructing a well for domestic use and you're concerned that it will negatively impact your water right.

A new ground water use for one single home does not require a water right pursuant to Idaho Code §42-111 so I'm afraid no remediation is available through the Department.

However, I will include this letter in your water right file in order to document your concerns. In addition, you may want to compile information on your well(s) for your own files. In case this becomes a civil matter the following information may be helpful:

- Depth of the well
- Date the well was drilled
- Depth the pump is set
- Capacity of the well
- Pump information (horsepower, type, etc.)

Unfortunately the Department does not appear to have a well log on file for your well(s) so you may have to contact a well driller for the above information.

Lastly, I have enclosed well driller reports that are nearby for your reference and a Change in Address Form for your use. Please complete the form and return it at your earliest convenience.

Sincerely

Cherie Palmer, Sr. Water Resource Agent
Water Allocation Bureau

WR 84-12196

IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report 84-12190

WATER RIGHT NUMBER: 84-12190

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	EVERETT HENSLEY LEMOND
Current Owner	MELODY JUNE LEMOND
	HC11 BOX 176
	KAMIAH, ID 83536
	(208)935-7679

Priority Date: 01/29/1999

Basis: Decreed

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
STOCKWATER	01/01 to 12/31	0.020 CFS	
DOMESTIC	01/01 to 12/31	0.040 CFS	
	<u>Total Diversion:</u>	0.060 CFS	

Location of Point(s) of Diversion

GROUND WATER	NE1/4NW1/4	Sec. 10, Twp 34N, Rge 03E, B.M.
IDAHO County		
GROUND WATER	NE1/4NW1/4	Sec. 10, Twp 34N, Rge 03E, B.M.
IDAHO County		

Place of Use

STOCKWATER

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
34N	03E	10																	
								X											

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	
34N	03E	10																	
								X											

Conditions of Approval:

1. C18 This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.
2. N13 The quantity of water under this right shall not exceed 13,000 gallons per day.
3. N11 The quantity of water decreed for this water right is not a determination of historical beneficial use.

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

RECORD

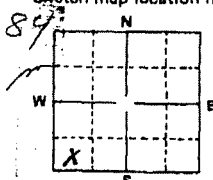
ENT'D

WELL DRILLER'S REPORT

JUN 21

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

Department of Water Resources

1. WELL OWNER Name <u>DAVID SHUSTER</u> Address <u>WOODLAND</u> Owner's Permit No. <u>8474-N-4</u>		7. WATER LEVEL Static water level <u>72</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature <u>51</u> ° F. Quality <u>GOOD</u> Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																																					
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA <u>AIR TEST</u> <u>TOTAL 25 GPM</u> ☐ Pump ☐ Bailer ☐ Other <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Draw Down</th><th>Hours Pumped</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Discharge G.P.M.	Draw Down	Hours Pumped																																																	
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8 1/4</td><td>0</td><td>70</td><td>BASALT (DARK)</td><td> </td><td>X</td></tr><tr><td>6</td><td>70</td><td>72</td><td>LAUA - 4 GPM</td><td>X</td><td> </td></tr><tr><td>6</td><td>72</td><td>95</td><td>BASALT (DARK)</td><td> </td><td>X</td></tr><tr><td>6</td><td>95</td><td>105</td><td>LAUA - 2 GPM</td><td>X</td><td> </td></tr><tr><td>6</td><td>105</td><td>116</td><td>BASALT DARK 4 GPM</td><td>X</td><td> </td></tr><tr><td>6</td><td>116</td><td>135</td><td>LAUA 50 FT 15 GPM</td><td>X</td><td> </td></tr><tr><td>6</td><td>135</td><td>143</td><td>BASALT</td><td> </td><td>X</td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	8 1/4	0	70	BASALT (DARK)		X	6	70	72	LAUA - 4 GPM	X		6	72	95	BASALT (DARK)		X	6	95	105	LAUA - 2 GPM	X		6	105	116	BASALT DARK 4 GPM	X		6	116	135	LAUA 50 FT 15 GPM	X		6	135	143	BASALT		X
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																							
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>143</u> feet Casing schedule: ☒ Steel ☐ Concrete <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>250</u> inches</td><td><u>6</u> inches</td><td><u>2</u> feet</td><td><u>20</u> feet</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> Was casing drive shoe used? ☐ Yes ☒ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>20</u> Material used in seal ☐ Cement grout ☒ Puddling clay ☒ Well cuttings Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing ☒ Overbore to seal depth		Thickness	Diameter	From	To	<u>250</u> inches	<u>6</u> inches	<u>2</u> feet	<u>20</u> feet																					Number	From	To																							
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>IDAHO</u> <u>SW 1/4 SW 1/4 Sec. 10, T. 34 N. 3 R. 3 E</u>		10. Work started <u>JUNE 21</u> finished <u>JUNE 24 1974</u>																																																					
		11. DRILLERS CERTIFICATION Firm Name <u>BURNS & WITT</u> Firm No. <u>58 103</u> Address <u>LEWISTON</u> Date <u>6/15/75</u> Signed by (Firm Official) <u>G. R. Burns</u> and (Operator) <u>(Same)</u>																																																					

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

RECEIVED

JUL 24 1996

POSTED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

NORTHERN REGION

1. WELL OWNER

Name Al Hohmann
Address Lot 17 Flying Elk, Kamiah, ID.
Drilling Permit No. 84-96-N-32 83536
Water Right Permit No. _____

7. WATER LEVEL

Static water level 300 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 54 °F. Quality Good
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
20	403	1

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
10	0	7	Clay		X
10-8	7	38	Basalt		X
8	38	94	Orange Clay		X
8	94	271	Basalt		X
8	271	337	Lava		X
8	337	403	Fractured Basalt	X	

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☒ Other PVC
Thickness _____ Diameter _____ From _____ To _____
25.0 inches 8 inches + 1 feet 19 feet
25.0 inches 4 1/2 inches 3 feet 403 feet
Inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☐ Yes ☒ No
Was a packer or seal used? ☒ Yes ☐ No
Perforated? ☒ Yes ☐ No
How perforated? ☒ Saw ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 1/4 inches by 6 inches
Number _____ From _____ To _____
70 perforations 360 feet 403 feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____

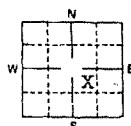
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal depth 19 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Pudding clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☐ Welded
☒ Solvent Weld ☐ Cemented between strata

Describe access port Well Seal

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name Flying Elk

Lot No. 17 Block No. _____

County Idaho

N ☒ E ☒
NW 1/4 SE 1/4 Sec. 10, T. 34 S ☐ R. 3 W ☐

10.

Work started 7/16/96 finished 7/17/96

11. DRILLER'S CERTIFICATION

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

Firm Name Drilling Firm No. 545

Address Rt. 2, Box 121-D Date 7/17/96

Grangeville, ID.

Signed by Drilling Supervisor 83530

and

(Operator)

(If different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

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. D 46 346
 DRILLING PERMIT NO. 845243
 Water Right or Injection Well No. _____

2. OWNER:
 Name Don Youngquist
 Address H.C. 11 Box 33
 City KAMIAH, ID. State ID Zip 83536

ENTERED

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 34 North ☒ or South ☐
 Rge. 3 East ☒ or West ☐
 Sec. 10 1/4 NW 1/4 NW 1/4
 Gov't Lot _____ 10 acres County IDAHO 160 acres

Lat: _____ Long: _____
 Address of Well Site Woodland Circle across from
Woodland School City KAMIAH
 Lt. _____ Blk. _____ Sub. Name KOOSKI A

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
Bentonite	0	18	400#	Top Pour

Was drive shoe used? ☒ IN Shoe Depth(s) 38'
 Was drive shoe seal tested? ☒ IN How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	-38	250	Steel	☒	☐	☒	☐
4.5"	-15	-315	160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-275	-315	8x4	42	4.5	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

Top of casing
34N 3E 10

12. WELL TESTS:

☐ Pump	☐ Bailer	☐ Air	☐ Flowing Artesian
Yield gal./min. <u>16</u>	Drawdown	Pumping Level	Time <u>1.5</u>

Water Temp. 55° Bottom hole temp. _____
 Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 287

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
10	0	18	Brown clay			
8	18	36	"			
8	36	38	Blk Bslt			
6	38	105	"			
6	105	117	Green clay			
6	118	257	Blk Bslt			
6	257	289	Hard Blk Bslt			
6	289	315	Soft Black Bslt	15		

RECEIVED

MAR 19 2007

IDWR/North

RECEIVED

FEB 16 2007

IDWR/North

Completed Depth 315 ft. (Measurable)

Date: Started 2-7-07 Completed 2-8-07

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 Union City Drilling Firm No. 25

Principal Driller Jim J. Ahlert Date 2-11-07

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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