

Ident. No. 96-9363

74288
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

RECEIVED

NOV 06 2007

IDWR/North

To appropriate the public waters of the State of Idaho

1. Name of Applicant HERSCHELL + Patricia ENDICOTT Phone (208) 448-2246
Mailing address 200 ENDICOTT LOOP PRIEST RIVER, ID. 83856
2. Source of water supply DOMESTIC WELL/GROUND WATER which is a tributary of _____
3. Location of point of diversion is Township 56 N Range 5 W Sec. 28 in the SESE 1/4, SW 1/4, _____ 1/4, Govt. Lot _____, B.M., BONNER County;

additional points of diversion if any:

4. Water will be used for the following purposes:

Amount 0.04 for DOMESTIC purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)

5. Total quantity to be appropriated is (a) 0.04 and/or (b) _____
cubic feet per second acre feet per annum

6. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source _____

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet

c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet

d. Is ground water with a temperature of greater than 85°F being sought? _____

e. If well is already drilled, when? 05/05/05; Drilling firm CARL PITTS & SONS
Well was drilled for (well owner) Applicants; Drilling Permit No. 852294

7. Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year)

8. Description of proposed uses (if irrigation only, go to item 9):

a. Hydropower; show total feet of head and proposed capacity in kW. _____

b. Stockwatering; list number and kind of livestock. _____

c. Municipal; show name of municipality. _____

d. Domestic; show number of households. 1 home - including irrigation

e. Other; describe fully. _____

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
56N	5W	28											D				O		

Total number of acres to be irrigated _____

10. Describe any other water rights used for the same purposes as described above. NONE

- Who owns the property at the point of diversion? Applicant
- Who owns the land to be irrigated or place of use? Applicant
- If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

12. Remarks: _____

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½"x11" map clearly identifying the proposed point of diversion place of use, section #, township & range. (A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.)

BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.

Herschell Endicott / Patricia Endicott
 Signature of Applicant (and title, if applicable)

Received by Cm Date 10/25/07 Time _____ Preliminary check by _____
 Fee \$ 100.00 Received by Cm # N018851 Date _____
 Publication prepared by dp Date 11/14/07 Published in Pratt River Time # 21428-07
 Publication approved dp Date 12/5/07

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 10039849
 DRILLING PERMIT NO. 832294
 Water Right or Injection Well No. _____

2. OWNER:
 Name Hershel Endicott
 Address 226 Endicott Loop
 City FRIST RIVER State ID Zip 83856

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 55 North ☒ or South ☐
 Rge. 9 East ☐ or West ☒
 Sec. 6 1/4 SE 1/4 NE 1/4
 Gov't Lot _____ County Benewah
 Lat: _____ Long: _____
 Address of Well Site Same City FRIST RIVER
 (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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	30 lbs	Tempering

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 120'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" + 1	120	220	22	Steel	☒	☐	☒	☐

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

9. PERFORATIONS/SCREENS/PACKER TYPE
 Perforation Method N/A
 Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>N/A</u>							

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
133 ft. below ground Artesian pressure _____ b.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
7	100%	243'	1/2 hr

Water Temp. Cold Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 162'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8"	0	18	clay salt			
6"	18	30	silt, clay			
6"	30	100	clay silt			
6"	100	120	clay + silt			
6"	120	140	Granite white & Green			
6"	140	160	Granite white / Green 1 Gpm			
6"	160	220	Granite white / Green			
6"	220	222	Granite Black 5 Gpm			
6"	222	245	Granite / Brown & white 1 Gpm			

Completed Depth 245' (Measurable)
 Date: Started 4-11-05 Completed 5-5-05

14. DRILLER'S CERTIFICATION

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

Company Name Chet Perry 3 Sons Firm No. 148

Principal Driller Steve Perry Date 5-25-05

Driller or Operator II _____ Date _____

Operator I _____ Date _____

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

55N 5W 6

96-9363



-  Bonner taxlots
-  GCDB56N05W GCDB
-  Application POD
-  Application POU
-  Pou.shp
-  Pod.shp
-  Administrative BasinsAdminbas.shp

