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IDWD NORTH

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 95-7684B
Date Received: 4/12/2018
Receipt No: N031056 A
Claim Fee: \$56.00
Received By: LW

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day**

1. Name of Claimant(s)

ERIC BOCKSTRUCK
1304 S CARPENTER LP
POST FALLS ID 83854

Phone: (208) 755-3322

2. Date of Priority: 11/29/1976

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	05W	18	SW NE		KOOTENAI	

5. Description of diverting works:

WELL WITH PIPING TO 1 HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.02		1.2

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or 1.2 A.F.A.

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	05W	18	SW		NE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

This <claim or right> was renumbered from former <claim or right> 95-7684 .

13. Basis of Claim: License

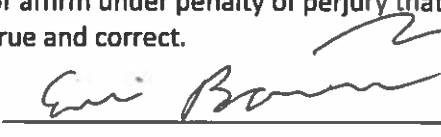
14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do ____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

For Individuals:

I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):  Date: 4-12-18

Date: _____



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

1. WELL TAG NO. D0022780 OCT 08 2002

Drilling Permit No: 785973 IDWR North
Other IDWR No. _____

2. OWNER Well Number: _____

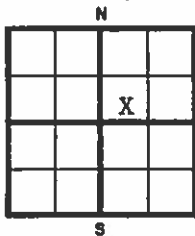
Name BOCKSTRUCK, ERIC 473

Address 1304 S. CARPENTER LOOP

City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50N ☒ North or ☐ South

Rge. 5W ☐ East or ☒ West

Sec. 18 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site SAME AS ABOVE

City POST FALLS

(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	
BENTONITE	0	18	6 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 43'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	43	.250	STEEL	☒	☐	☒	☐
4	-27	303	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-263	303	1/8 X 6	70	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 81 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 65

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	3	Top Soil	☐	☐
8	3	19	Sandy Loam - Clay	☐	☐
8	41	43	Fractured Granite	☐	☐
6	43	47	Med. Granite	☐	☐
6	47	81	White w/Copper Soft Granite	☒	☐
6	81	112	White w/Black Granite	☐	☐
6	112	139	Black w/White Granite	☐	☐
6	139	145	White Granite	☐	☐
6	145	202	White w/Black Granite	☐	☐
6	202	261	Black w/White Granite	☐	☐
6	261	303	White w/Black	☐	☐

Completed Depth 303 (Measurable)

Date: Started 9/16/02 Completed 9/17/02

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 9-19-02

and

Supervisor or Operator [Signature] Date 9-19-02

(Sign Once if Firm Official and Operator)

Todd Morgan

50 N 5W 18