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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 95-16408Date Received: 6-15-10Receipt No: 15024932Received By: REC

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

JUN 15 2010

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1. Name of Claimant(s) Jos. J. + Nancy C. Calumal Phone (208 666 1046)Mailing Address 2900 No. Gov't Way #324, CDA, ID Zip 83815
Street or Box City State2. Date of Priority: (Only one per claim) PRE - 1960 EST.
DEC 2005
Month/Day/Year (YYYY)} NO KNOWLEDGE
OF PRIOR USE3. Source of water supply (Check one) Ground Water () or Other (☒) (a) LAKE CDA
which is tributary to (b) SPOKANE RIVER4. Location of Point of Diversion is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of KOOTENAI
Parcel (PIN) no. 01880001002 A
019000000010

Additional points of diversion if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

LAKE PUMP... WATER SUPPLY TO SFR

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC SFR purposes from 2005 to PRESENT amount UNK
Month/Day/Year Month/Day/Year cfs () or AFY ()For DOMESTIC SFR purposes from PRE-1960 to 2005 amount UNK
Month/Day/Year Month/Day/Year cfs () or AFY ()

7. Total Quantity claimed _____ cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) DOMESTIC... SINGLE FAMILYRESIDENCE (4 BEDROOMS)SCANNED
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9. Location of Place of Use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
for (Check One) **Domestic** (✓) **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None ()

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use () Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do () do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

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) [Signature] Date: 6/15/10

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

TRUSTEE / OWNER of Jos. J. + Nancy C. Callaway Trust,
Title Organization

that I have signed the foregoing document in the space below as

" " " " of " "
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, D/N/A, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

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