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AUG 03 2015

DEPARTMENT OF
WATER RESOURCES

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

ID Number: _____

Date Received: _____

Receipt No: _____

Amount: _____ By: _____

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

Please type or print clearly

- Name of claimant(s) Mark & Constance McCalman Phone 582-2788
Mailing address P.O. Box 306 St. Maries ID. ZIP 83861
Street or Box City State
- Date of priority (only one (1) per claim) 8/5/2011
Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 46N, Range 2W, Section 08,
1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of Bennett
Parcel (PIN) no. RP46N02W08A100A
Additional points of diversion, if any: _____
If available, GPS coordinates _____
- 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.
well w/ pump
- Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For domestic purposes from 1-1 to 12-31 amount .04 cfs ☒ AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed .04 cfs ☒ or AFY ()
8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): 1 residence

9. Location of place of use is: Township 46N, Range 2W, Section 8, _____ 1/4 of _____ 1/4,
or Govt. Lot _____, B.M., Parcel (PIN) no. (if different than shown in Item 4) same
For (check one) Domestic ☒ Stock () Domestic and Stock ()

Additional places of use, if any: _____

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

11. Do you own the property listed above as place of use? Yes ☒ No ()
If your 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 D0059408

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) Wash & McCalma Date: July 28th 2015
Cristina McCalma Date: 7-28-2015

For organizations:

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

_____ of _____,
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, _____, 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 _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D0059408
 DRILLING PERMIT NO. 861677
 Water Right or Injection Well# _____
 2. OWNER:
 Name: Mark McCalman
 Address: 6817 West H12
 City: Lancaster State: CA Zip: 93536

3. LOCATION OF WELL by legal description

Twp. 46 North Rge. 2 West
 Sec. 8 E1/2 1/4 S/W 1/4 N/W 1/4
 Gov't Lot _____ County Benewah
 Lat. 47 ° 20 ' 900 " Deg. And Decimal min.
 Long. 116 ° 37 ' 664 " Deg. And Decimal min.

Address of well site: Hwy. 3, Grandma's Way
 City: St. Maries, Idaho

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Injection

5. TYPE OF WORK:

☒ New Well ☐ Replacement ☐ Modify existing ☐ Abandonment ☐ Other

6. DRILL METHOD: Air Rotary

7. SEALING PROCEDURES:

Seal Material	From	To	Quantity (lbs. or ft.)	Placement method/procedure
Bentonite	0	38	1000	Pour

8. CASING/LINER:

Outer Diameter (inches)	From	To	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded	Glued
6	+2	100	250	Steel	X			X	
4	-5	395	160	PVC		X			X

Was drive shoe used? yes Shoe Depth 98

9. PERFORATIONS/SCREENS

Perforations ☒ Yes ☐ No Method Drill
 Manufactured screen ☒ Yes ☐ No Type _____

Method of installation:

From	To	Slot Size	Number	Diam.	Material	Gauge or Schedule
380	360	1"	16	4"	PVC	160 liner
340	320	1"	16	4"	PVC	160 liner
300	280	1"	16	4"	PVC	160 liner

Length of Headpipe _____ Length of tailpipe: _____

Packer ☐ Yes ☒ No Type: _____

10. FILTER PACK

Filter Material	From	To	TLV/Volume	Placement Method
NONE				

11. FLOWING ARTESIAN:

Flowing artesian ☐ Yes ☒ No Artesian Pressure (PSIG) _____
 Describe control device: Cap

12. STATIC WATER LEVEL AND WELL TESTS:

Depth first water encountered (ft) 285 Static water level: 32
 Water temp. 50 Bottom hole temp. _____
 Describe access port: cap

Well Test:

Test Method:

Drawdown (feet)	Discharge or yield	Test Duration	Pump	Ball	Air	Flowing Artesian
20+			☐	☐	☒	☐

Water quality test or comments:

Good, clear, no odor

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia.	From (ft.)	To (ft.)	Remarks, lithology or description of repairs or abandonment	Water	
				Y	N
10	0	2	Brown Dirt		
	2	15	Brown Clay and Shale Rock		
	15	21	Light Brown Clay and Shale		
	21	30	Gray Shale, Hard		
	30	62	Brown Shale, Brown Clay		
8	62	78	Brown Clay and Grey Shale Rock		
	78	85	Brown and Gray Shale		
	85	110	Gray Shale, Hard		
6	110	115	Gray and Brown Shale		
	115	170	Hard Gray Shale		
	170	178	Medium Brown and Gray Shale		
	178	285	Hard Gray Shale		
	285	320	Medium Hard Gray Shale	X	5gpm
	320	332	Hard Gray Shale		
	332	365	Medium Hard Gray Shale		
	365	380	Hard Gray Shale	X	
	380	400	Medium Hard Shale		
RECEIVED					
SEP 14 2011					
IDWR / NORTH					
Completed Depth (Measurable): <u>400</u>					
Date Started: <u>8/3/2011</u>				Date Completed: <u>8/5/2011</u>	

14. DRILLER'S CERTIFICATION:

Company Name: All Ways Drilling, Inc. Co. No. 510
 Principal Driller: Stanley K Wolfe Date: 8/30/11
 Driller: Stanley K Wolfe Date: _____
 Operator II: _____ Date: _____

*Signature of Principal Driller and rig operator are required.

Stanley K Wolfe 8/30/11