



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

GARY SPACKMAN
Director

C.L. "BUTCH" OTTER
Governor

July 20, 2015

DAVID SWANSON
NANCY SWANSON
PO BOX 3392
COEUR D'ALENE ID 83816

RE: Application for Amendment of Permit No. 95-12639

Dear Permit Holders:

The Department received an Application for Amendment of a Permit from you on July 17, 2015. According to the map attached to the Request for Extension of Time, the new well is within the same legal description as the previous well, so an amendment is not required. I have updated the point of diversion in our system and enclosed a map showing the new point of diversion.

I am returning the Application for Amendment of a Permit to you. You will be receiving an acknowledgement letter letting you know if your Request for Extension of Time was accepted or not. If you have any questions, please contact me at (208) 287-4942. Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jean Hersley', is written in a cursive, flowing style.

Jean Hersley
Technical Records Specialist II

Enclosure

RECEIVED

JUL 17 2015

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR AMENDMENT OF A PERMIT

Fee is \$100 per § 42-221C, Idaho Code

DEPARTMENT OF
WATER RESOURCES

Applicant(s)

DAVID AND/OR NANCY SWANSON

Phone

208 745 5976

Name connector (check one): ☐ and ☐ or ☐ and/or

Mailing address

P.O. Box 3392 COEUR D'ALENE

City

State

ID

Zip

83816

Email:

I am the owner of Water Appropriation Permit No. 95-12439 and request that the permit be amended as follows:

☐ Change point of diversion☐ Add point of diversion☐ Change period of use☐ Change nature of use☐ Change place of use☐ Other1. Point of diversion: ☒ No changes to point(s) of diversion. Skip item #1 and proceed to #2.☐ Attach Eastern Snake Plain Aquifer analysis if this proposes to change a point of diversion affecting the ESPA.

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
50N	3W	5			SE	SE	KEETENAI	GROUND	

2. Period and nature of use:

☒ No changes to period and/or nature of use. Skip item #2 and proceed to #3.Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year) (water use) (month/day) (month/day)Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year) (water use) (month/day) (month/day)Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year) (water use) (month/day) (month/day)Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year) (water use) (month/day) (month/day)3. Place of use or land to be irrigated: ☒ No changes to place of use. Skip item #3 and proceed to #4.

Twp	Rge	Sec	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Total number of acres to be irrigated _____

4. Property ownership:

☒ No changes to point of diversion and/or place of use. Skip item #4 and proceed to #5.

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

5. Describe the proposed change in narrative form:

RELOCATED WELL FOR BETTER POTENTIAL
WATER YIELD FOR IRRIGATION

6. Map:

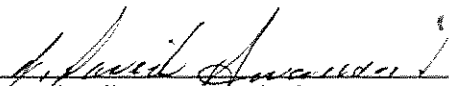
☐ The point(s) of diversion and/or the place of use are not amended, therefore a map is not attached.

Attach a map showing the proposed point(s) of diversion and/or place(s) of use. Clearly label the map with township, range, section, and $\frac{1}{4}$ $\frac{1}{4}$ of section information. A photocopy of a USGS 7.5 minute topographic quadrangle is commonly used, or the *Map Tool* available on the Department website provides a satisfactory template for creating the required map (<http://maps.idwr.idaho.gov/TransferApplicationLayouts/Map>).

SEE ATTACHED
APPLICATION FOR PERMIT

7. Signature:

The information in this application is true to the best of my knowledge. I understand that any willful misrepresentations in this application may result in rejection of the application or cancellation of an approval.


Signature of applicant or authorized agent

J. DAVID SWANSON
Print name (and title, if applicable)

JULY 12 2015
Date

Signature of applicant or authorized agent

Print name (and title, if applicable)

Date

FOR DEPARTMENT USE ONLY

Received by _____

Date _____

Received by _____

Date _____

Receipt No. _____

Reviewed by _____

Date _____