

APPLICATION FOR AMENDMENT OF A PERMIT

Name of Applicant City of Victor Phone (208) 787-2940
 Mailing address P.O. Box 122 Email rheuseveldt@sunrise-eng.com

I am the owner and the holder of Permit to Appropriate the Public Waters of the State of Idaho No. 22-13717, and request that the permit and permit map be amended and/or changed as follows:

Purpose of Amendment: X Change point of diversion Add point of diversion
 Change place of use Change nature of use Change period of use Other

1. Point of diversion: $\frac{1}{4}$ SW $\frac{1}{4}$ NW $\frac{1}{4}$, Section 2, Township 3N, Range 45E, B.M.,
 County of . Other points of diversion

2. Period and nature of use: (irrigation, domestic, stockwatering, industrial, etc.)

Amount 3 cfs for Municipal purposes from Jan. 1 to Dec. 1 (both dates inclusive)
 (cfs or acre-feet per year) (water use) (Begin Month) (End month)

Amount for purposes from to (both dates inclusive)
 (cfs or acre-feet per year) (water use) (Begin Month) (End month)

Amount for purposes from to (both dates inclusive)
 (cfs or acre-feet per year) (water use) (Begin Month) (End month)

3. Place of use or land to be irrigated:

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
3N	45E	11		M	M	M	M	M	M	M	M				M	M	M	M	
3N	45E	2	M	M	M	M					M				M	M	M	M	
3N	45E	14		M	M														
3N	45E	10	M	M	M	M										M			

Total number of acres to be irrigated

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

Complete the following map by showing land and point of diversion as proposed by this amendment.
Show $\frac{1}{4}$ $\frac{1}{4}$, section, township, range and ditches. (The smallest subdivision represents 40 acres.)

Scale: 2 inches equal 1 mile

I hereby request approval of this change subject to the fact that no one will be injured by the change, and that the change will be made at my own risk.

Signed this 1st day of September, 2009.

Craig Shermans

Permit Holder Signature (and title, if for a company or organization)

ACTION OF THE DEPARTMENT OF WATER RESOURCES

Preliminary check by _____ Publication prepared by _____ Date _____

Published in _____ Publication dates _____

I, _____, of the Department of Water Resources hereby

Witness my hand this _____ day of _____, 20 _____.

SIGNATURE

Idaho Department of Water Resources Receipt

Receipt ID: C089239

Payment Amount	\$50.00	Date Received	9/4/09 11:28	Region	STATE
Payment Type	Check	Check Number	6058		
Payer	CITY OF VICTOR				

Comments Permit #22-13717

Fee Details

Amount	Description	Fund	Fund Detail	PCA	Subobject
\$50.00	ASSIGNMENTS	0229	21	56103	1155

SR7

Signature Line (Department Representative)