

Fee 50-
 Receipt 2034469
 Received by SL
 Date 10/1/08

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES
APPLICATION FOR AMENDMENT OF A PERMIT

Name of Applicant City of Driggs Phone (208) 354-2362
 Mailing address PO Box 48, Driggs, ID 83422 Email pzdriggs@pdt.net
 Representative: Rocky Mountain Environmental Associates, Inc Phone: (208) 524-2353 Fax: (208) 524-1795
482 Constitution, Ste 303, Idaho Falls, ID 83402 Email: kmoore@rockymountainenvironmental.com

I am the owner and the holder of Permit to Appropriate the Public Waters of the State of Idaho No. 22-7698, and request that the permit and permit map be amended and/or changed as follows:

Purpose of Amendment:

Change Point of Diversion X Add diversion point(s) Change Place of use
Change Nature of Use Change Period of Use Other

1. Location of point of diversion is Township 5N Range 45E Sec. 35, in the 1/4, NW 1/4, NE 1/4, Govt. Lot , E.B.M., TETON County; additional points of diversion if any: See attached for additional points*

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

Amount 4.5 for MUNICIPAL purposes from 1/01 to 12/31 (both dates inclusive)
 (cfs or acre-feet per annum)

Amount for purposes from to (both dates inclusive)
 (cfs or acre-feet per annum)

Amount for purposes from to (both dates inclusive)
 (cfs or acre-feet per annum)

3. Place of use or land to be irrigated:

			NE 1/4				NW 1/4				SW 1/4				SE 1/4				TOTALS
Twp	Rge	Sec	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

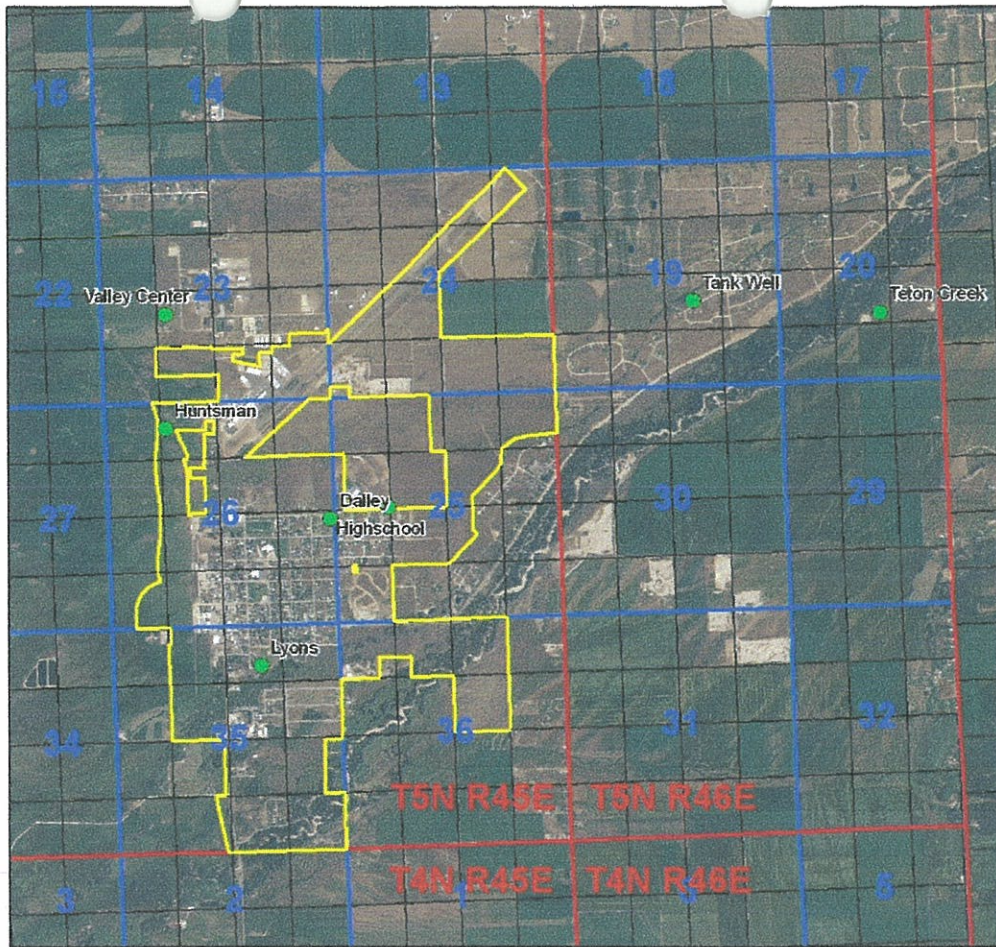
City Limits of Driggs

Total number of acres to be irrigated:

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

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OCT 01 2008



Legend

- POD
- POU
- Twp and Rng
- Sections
- QQ

0 0.25 0.5 1 Miles

Place of use boundary is the City Limits of Driggs as of July 2008.

2006 NAIP Photography



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 29 day of September, 2008 [Signature]
 Permit Holder Signature (and title, if for a company or organization)

ACTION OF THE DEPARTMENT OF WATER RESOURCE

Preliminary check by _____ Publication prepared by _____ Date _____ Published in _____
 Publication dates _____

Witness my hand this _____ day of _____, 20____

 Signature

All points of diversion to be included in amendment:

*Includes previously described point of diversion.

Lot	¼	¼	¼	Sec	Twp.	Rge.	County	Local Name for Diversion
		NE	SW	23	5N	45E	TETON	VALLEY CENTER WELL
		SW	NW	25	5N	45E	TETON	HIGHSCHOOL WELL
	NE	NE	SE	26	5N	45E	TETON	DALLEY WELL
		NE	NW	26	5N	45E	TETON	HUNTSMAN WELL
		NW	NE	35	5N	45E	TETON	LYONS WELL
		NW	SE	19	5N	46E	TETON	TANK WELL
		NE	SW	20	5N	46E	TETON	TETON CREEK WELL

no
yes
yes
no
thus
yes
no