

RECEIVED

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Fee 250.00
Receipt 08571
Received by AMP
Date 1-17-08

APPLICATION FOR AMENDMENT OF A PERMIT

Name of Applicant Merrill Blake Phone 208-357-5656Mailing address PO Box 500, Shelley, ID 83274 Email _____

I am the owner and the holder of Permit to Appropriate the Public Waters of the State of Idaho No. 25-1489, 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: 1/4 SE 1/4 SW 1/4, Section 17, Township 01 N, Range 38 E, B.M.,
 County of Bonneville. Other points of diversion _____

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

Amount 0.50 cfs for Domestic purposes from 01/01 to 12/31 (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	
01N	38E	17			X	X					X			X		X	X		

Total number of acres to be irrigated _____

4. a. Who owns the property at the point of diversion? Merrill Blake
 b. Who owns the land to be irrigated or place of use? Merrill Blake
 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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JAN 25 2008
Department of Water Resources
Permit Section

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.)

(See Attached Drawing)

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 10 day of January, 2008.

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

ACTION OF THE DEPARTMENT OF WATER RESOURCES

Preliminary check by _____ Publication prepared by SE Date 2/28/08

Published in Post Register Publication dates 2/21 & 2/28/08

I, _____, of the Department of Water Resources hereby

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

SIGNATURE

WGS84 112°00'00" W

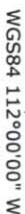


Diagram showing the relationship between TN^* and MN with a 13° angle. The date 01/09/08 is also indicated.

Cox, Sharla

From: Cox, Sharla
Sent: Friday, January 25, 2008 3:01 PM
To: Allen, Debbie
Subject: Partial Refund Please

Debbie, can you please issue a partial refund and fix the codes on the following receipt:

Receipt # C085721
Amount of Receipt: \$250.00
Refund Amount: \$150.00
Payable to: United Alliance and Fidelity Corp
PO Box 500
Shelley ID 83274

This receipt was incorrectly data entered. Below is the way it should be split out:

\$50.00 for Amendments
\$50.00 for Extensions

So, we should have only charged \$100.00 total from this applicant. So please refund the \$150.00

If this is totally confusing, call me.

thank you,

Sharla

Sharla Cox
Idaho Dept of Water Resources
900 N Skyline Dr Ste A
Idaho Falls ID 83402
208-525-7161 - phone
208-525-7177 - fax
sharla.cox@idwr.idaho.gov