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JUN 13 2007

Department of Water Resources
Eastern Region

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

TEMPORARY CHANGE APPLICATION

(To change point of diversion, place of use or purpose of use)

Name of Applicant Egin Bench Canals, Inc. Phone 624-3381

Post Office Address P.O. Box 15, St. Anthony, ID 83445

A. PURPOSE OF TRANSFER

1. ☒ Change point of diversion ☐ Add diversion point(s) ☐ Change place of use
☐ Change purpose of use ☐ Other

2. Describe the proposed change(s) and the reason(s) thereof We want to move 100 cfs of June 21, 1888 from the St. Anthony Union headgate to the Independent headgate. This is all part of our system

B. DESCRIPTION OF RIGHT(S) OR PORTION THEREOF, AFTER THE REQUESTED CHANGE

Right Number	Priority	Amount (cfs/ac-ft)	Nature of Use	Period of Use
<u>21-12922</u>	<u>6-21-1888</u>	<u>100 cfs</u>	<u>Irrigation</u>	<u>4-01 to 11-01</u>
				to
				to
				to

2. Total amount of water being transferred 100 cubic feet per second and/or _____ acre-feet per annum.

3. Source of water Henry's Fork tributary to Snake River

4. Point(s) of Diversion:

Ident No.	Lot	¼	¼	¼	Sec	Twp	Rge	County	Local name for diversion
			SE	SE	2	7N	40E	Fremont	Independent Canal

5. Lands irrigated or place of use: lands of the shareholders

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Total Acres _____

6. General Information:

- a. Who owns the water right to be changed? Applicant
- b. Describe the arrangement allowing use of the right _____
- c. Describe the affect on the land now irrigated if the change is approved pursuant to this application:
No change - Applicant is just changing
point of diversion amounts
- d. Has the water right sought to be transferred been used this year? yes If yes, explain. _____
- e. Absent the changes, how would the right be used for the remainder of the year? Same
- f. Describe other water rights used for the same purpose. _____
- g. Remarks: _____

I hereby assume all risk in accordance with Section 42-222A, Idaho Code, and assert that no one will be injured by such change and that the change does not constitute an enlargement in use of the original right. The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in voiding its approval.

Michael H. Rasmussen
(Signature of applicant)
Pres. Egin Bench Canals

FOR DEPARTMENT USE ONLY

Received by SC Date 6/13/07 Fee 50

Received SC # ED33002 Recommend: ☒ approve ☐ deny

Watermaster recommendation _____

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Temporary Change Application No. _____

And said application is hereby approved, subject to the following limitations and conditions:

Witness my hand this 29th day of June, 2007.

Lyle Swank
For the Director