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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

JAN 05 2007

Fee 150.00
Receipt N0180038
Received by dp
Date 12/1/06
App ID: 73457

APPLICATION FOR AMENDMENT OF A PERMIT

Name of Applicant THREE MILE WATER DISTRICT Phone 208-267-5166Mailing address P.O. BOX 926, BONNERS FERRY ID 83805

I am the owner and the holder of Permit to Appropriate the Public Waters of the State of Idaho No. 98-7818, and request that the permit and permit map be amended and/or changed as follows:

Purpose of Amendment: 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: SE $\frac{1}{4}$ NE $\frac{1}{4}$ SW $\frac{1}{4}$, Section 1, Township 62N, Range 1E, B.M.,
County of BOUNDARY. Other points of diversion 4 OTHER EXISTING WELLS WITH
EXISTING WATER RIGHT PERMIT

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

Amount 3 CFS for MUNICIPAL purposes from 1/1 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	

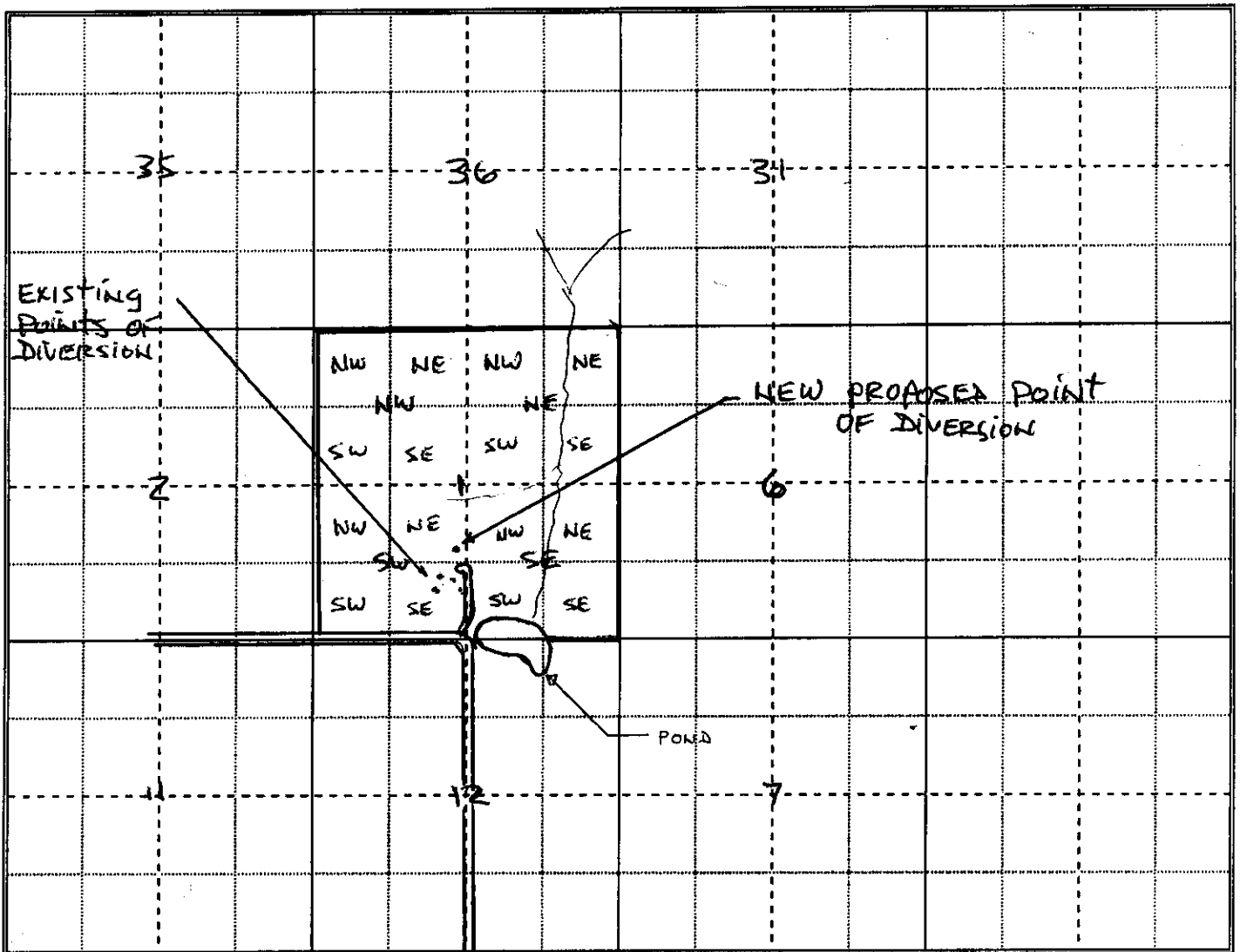
Total number of acres to be irrigated _____

4. a. Who owns the property at the point of diversion? THREE MILE WATER DISTRICT

b. Who owns the land to be irrigated or place of use? _____

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 ¼ ¼, section, township, range and ditches. (The smallest subdivision represents 40 acres.)



Scale: 2 inches equal 1 mile.

SEE ATTACHED 7.5 MIN. QUAD MAP

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 22nd day of NOVEMBER, 20 06.

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

ACTION OF THE DEPARTMENT OF WATER RESOURCES

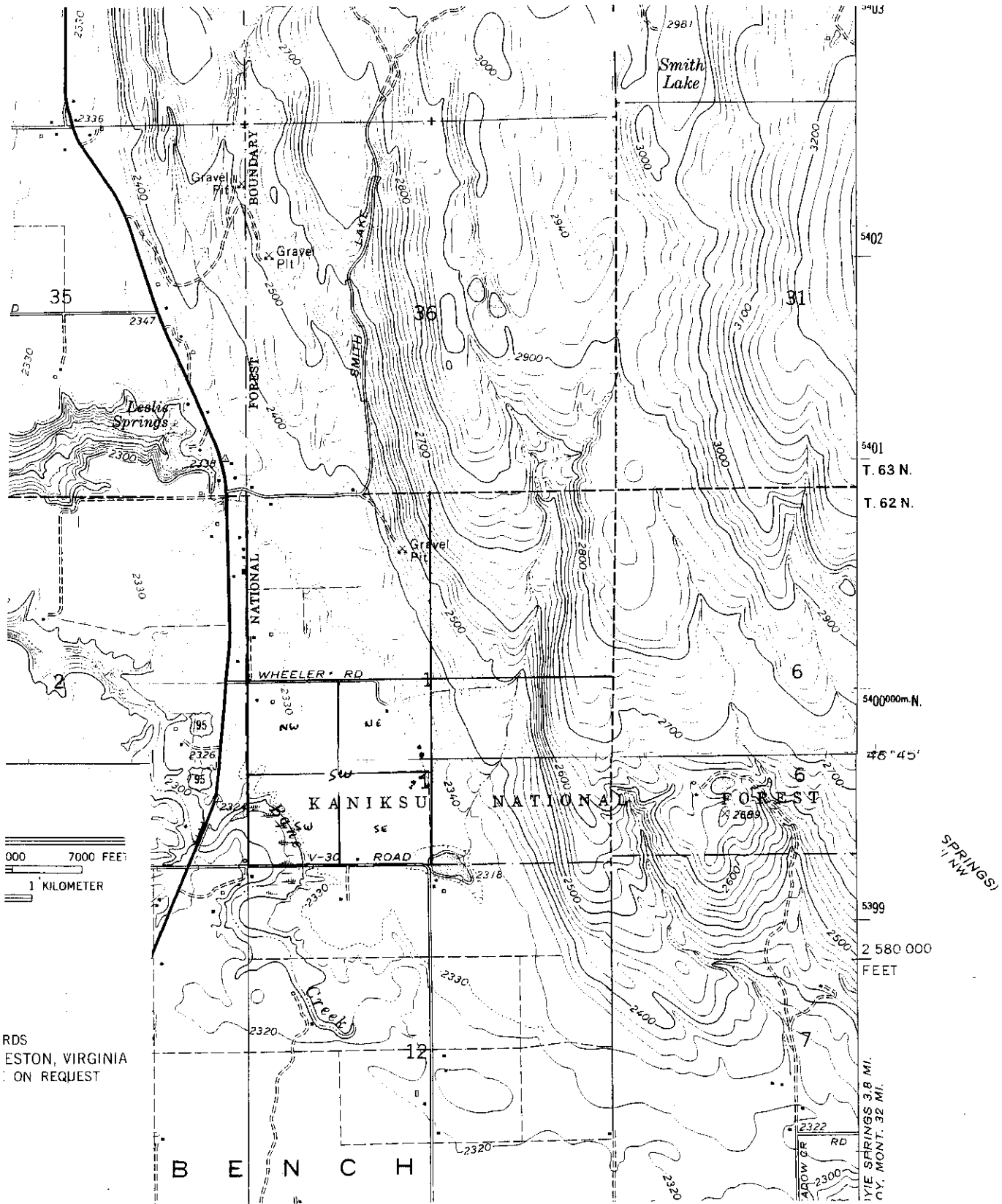
Preliminary check by _____ Publication prepared by _____ Date _____

Published in _____ Publication dates _____

I, _____, of the Department of Water Resources hereby

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

SIGNATURE



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