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APR 19 2005

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Department of Water Resources

Fee 50
Receipt W032817
Received by 6
Date 4/19/05

APP ID-71906

WATER RESOURCES
WESTERN REGION

APPLICATION FOR AMENDMENT OF A PERMIT

Name of Applicant Joni Shepherd &/or Eugene Shepherd Phone 584-9038
Mailing address PO Box 398 Horseshoe Bend, ID 83629

I am the owner and the holder of Permit to Appropriate the Public Waters of the State of Idaho No. 65-22885, 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 See remarks
Change place of use Change nature of use Change period of use Other

1. Point of diversion: 1/4 1/4 1/4, Section , Township , Range , B.M.,
County of . Other points of diversion

2. Period and nature of use: (irrigation, domestic, stockwatering, industrial, etc.)
Amount for purposes from to (both dates inclusive)
(cfs or acre-feet per annum) (water use) (Begin Month) (End month)
Amount for purposes from to (both dates inclusive)
(cfs or acre-feet per annum) (water use) (Begin Month) (End month)
Amount for purposes from to (both dates inclusive)
(cfs or acre-feet per annum) (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? Applicant
b. Who owns the land to be irrigated at the 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:

Remarks: Please remove condition #1. We agree to be subject to watermaster control

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 Permit Map - no change
to that

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 19 day of April, 2005. [Signature]
Permit Holder

Permit Holder

ACTION OF THE DEPARTMENT OF WATER RESOURCES

Preliminary check by FL Publication prepared by N/A Date _____

Published in	Publication dates
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I, _____, of the Department of Water Resources hereby

Witness my hand this _____ day of _____, 20_____

SIGNATURE