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OCT 26 2012 MP
WATER RESOURCES
WESTERN REGION

State of Idaho
Department of Water Resources
APPLICATION FOR AMENDMENT

(For Licensing Purposes)

WATER RIGHT NO. 65-22870

Date of Priority: March 23, 2004

Maximum Diversion Rate: 0.11 CFS

Maximum Diversion Volume: 14.1 AF

Comes now RONALD L JARMIN
5505 MONTGOMERY RD
EMMETT ID 83617

and represents to the Director of the Idaho Department
of Water Resources that he is the owner and holder of Permit to Appropriate the Public Waters of the
State of Idaho No. 65-22870, and requests that the permit be changed as follows:

Source: GROUND WATER

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	03/01 to 11/15	0.09 CFS	13.5 AF
DOMESTIC	01/01 to 12/31	0.02 CFS	0.6 AF

LOCATION OF POINT OF DIVERSION:

GROUND WATER NE1/4SW1/4 Sec. 16, Twp 07N, Rge 01E, B.M., GEM County

PLACE OF USE: IRRIGATION

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
07N 01E 16								1.4	1.6								3.0
Total Acres:																	3

PLACE OF USE: DOMESTIC

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
07N 01E 16								X									

Permit holder asserts that no one will be injured by such change and that such change will be made at
permit holder's own risk. Signed this 24 day of October, 2012.

Loretta J. Jarmin
(Signature)

State of Idaho
Department of Water Resources
APPLICATION FOR AMENDMENT
(For Licensing Purposes)
WATER RIGHT NO. 65-22870

FOR DEPARTMENT USE ONLY
Preliminary check by KW Fee = \$100 Received by MP # W040676 Date 10/26/12

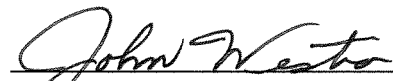
ACTION OF THE DEPARTMENT OF WATER RESOURCES

I, JOHN WESTRA, of the Department of Water Resources hereby approve the
above Application for Amendment for Permit No. 65-22870 with the following:

CONDITIONS OF APPROVAL

1. This right when combined with all other rights shall provide no more than 0.03 cfs per acre nor more than 4.5 afa per acre at the field headgate for irrigation of the lands above.
2. Domestic use is for 1 home. Irrigation of lawn, garden and landscaping associated with the home is authorized under the irrigation component of this right.
3. When ordered by the Director, the right holder shall provide mitigation acceptable to the Director to offset depletion of lower Snake River flows needed for migrating anadromous fish. The amount of water required for mitigation, which is to be released into the Snake River or a tributary for this purpose, will be determined by the Director based upon the reduction in flow caused by the use of water pursuant to this right. Any order of the Director issued in accordance with this paragraph shall be in conformance with applicable rules allowing the right holder due process as the need for mitigation and the amount of mitigation are determined.

Witness my hand this 29th day of October, 2012.


JOHN WESTRA
Western Regional Manager

STATE OF IDAHO
CERTIFICATION OF VITAL RECORD

RECEIVED

OCT 26 2012

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
CERTIFICATE OF DEATH

WATER RESOURCES
WESTERN REGION

Date Filed **AUGUST 17, 2012**

State File No. **2012-07319**

DECEDENT - LEGAL NAME RONALD L. JARMIN AKA: RONNIE L. JARMIN			
SEX MALE	SOCIAL SECURITY NUMBER [REDACTED]	AGE 66 YEARS	DATE OF BIRTH DECEMBER 08, 1945
BIRTH-PLACE AMERICAN FALLS, IDAHO		PLACE OF RESIDENCE EMMETT, IDAHO	
MARITAL STATUS AT TIME OF DEATH MARRIED		NAME OF SURVIVING SPOUSE (If wife, maiden name) LORETTA SPOOR	WAS DECEDENT EVER IN U.S. ARMED FORCES? YES
FATHER - NAME DEAN JARMIN			BIRTH-PLACE NEBRASKA
MOTHER - MAIDEN NAME DONNA SNOW			BIRTH-PLACE NEBRASKA
METHOD OF DISPOSITION CREMATION		FUNERAL SERVICE LICENSEE JOHN L. BUCK	
NAME AND ADDRESS OF FUNERAL FACILITY POTTER FUNERAL CHAPEL, EMMETT, IDAHO			
DATE OF DEATH AUG. 15, 2012	TIME OF DEATH 11:24 P.M.	CITY, TOWN OR LOCATION OF DEATH EMMETT, IDAHO	COUNTY OF DEATH GEM
CAUSE OF DEATH (underlying cause last) SARCOMA			Approximate Interval Between Onset and Death 14 MONTHS
a. DUE TO (or as a consequence of):			
b. DUE TO (or as a consequence of):			
c. DUE TO (or as a consequence of):			
d. DUE TO (or as a consequence of):			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not resulting in the underlying cause given above NONE STATED			WAS AN AUTOPSY PERFORMED? NO
MANNER OF DEATH NATURAL		NAME OF CERTIFIER NORMAN ZUCKERMAN, M.D.	TITLE PHYSICIAN
CORONER SUBSEQUENT CERTIFICATION IF NECESSARY			
EXTERNAL CAUSES ONLY			
DATE OF INJURY	TIME OF INJURY	PLACE OF INJURY	INJURY AT WORK?
LOCATION WHERE INJURY OCCURRED			
DESCRIPTION OF HOW INJURY OCCURRED			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: **AUGUST 17, 2012**

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

James B. Aydelotte
JAMES B. AYDELOTTE
STATE REGISTRAR

