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 STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES

JUN 15 2011

APPLICATION FOR AMENDMENT OF A PERMIT

WATER RESOURCES

WESTERN REGION

Name of Applicant Lavar ThorntonPhone 922-5779Mailing address 2800 S. Ten Mile Rd., Kuna, ID 83634

Email _____

I am the owner and the holder of Permit to Appropriate the Public Waters of the State of Idaho No. 63-33075, 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: _____ $\frac{1}{4}$ NE $\frac{1}{4}$ SE $\frac{1}{4}$, Section 34, Township 2N, Range 1W, B.M.,
 County of Ada. Other points of diversion NESE & SWSE, S34, T2N, R1W

 2. Period and nature of use: (irrigation, domestic, stockwatering, industrial, etc.) No Change

 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)

 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: No Change

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 or 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:

AMENDED

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

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 _____ day of _____, 20____.

Saver Throusten

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

ACTION OF THE DEPARTMENT OF WATER RESOURCES

Preliminary check by VLM Publication prepared by DB Date 8/24/2011

Published in Idaho Statesman Publication dates September 1 & 8, 2011

I, _____, of the Department of Water Resources hereby

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

SIGNATURE

