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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESFee \$50-
Receipt # 1039006
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Date 2.23.2011

APPLICATION FOR AMENDMENT OF A PERMIT

WATER RESOURCES
WESTERN REGION

Name of Applicant Lavar Thornton

Phone 922-5779

Mailing 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. 63-33073, 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: $\frac{1}{4}$ SW $\frac{1}{4}$ SW $\frac{1}{4}$, Section 35, Township 2N, Range 1W, B.M.,
County of Ada. Other points of diversion SESE and NESE, S34 (changed/added pts)
NESE & NESE, S34 (currently permitted pts)

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:

WITHDRAWN

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 16 day of Feb., 20 11. Saver Throulson
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

