State of Idaho Department of Water Resources Transfer of Water Right(s) RECOMMENDATION FORM

RECEIVED OCT 13 2020 Capadiment of Water Resources Eastern Region

RE: Transfer No. 84414

Transfer Applicant's Name:

JUSTIN WILLIAMS MELANIE WILLIAMS 1269 MINK CREEK RD ARBON, ID 83212-5060

Watermaster's Recommendation:

- a) ____X__ I do not oppose approval of this application.
- b) _____ I do not oppose approval of this application if it is conditioned as follows:

- c) I oppose approval of this application for the following reasons:
- d) _____ Additional comments:

I need to notify Justin and Melanie William that in the past the watering has been done on a share basis with Barry Williams and that water supply at times is short of allotment.

Dated this _	7	day of	_October	2020
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Watermaster's Signature