

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

RE: Transfer No. 84154


Transfer Applicant's Name:

CITY OF IONA
PO BOX 487
IONA, ID 83427-0487

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:

Dated this 24 day of June, 2020


Watermaster's Signature