State of Idaho Department of Water Resources

RECOMMENDATION OF WATERMASTER

Transfer No(s).:	83262
Applicant's Name:	Rocky Mountain Water Exchange
	ommendation: I do not oppose approval of this application. 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 Comment:
Date Water Distric	ed this <u>24</u> day of <u>May</u> , 20 <u>19</u> .
	Watermaster's Signature