

State of Idaho
Department of Water Resources

RECEIVED
OCT 10 2017
Department of Water Resources
Eastern Region

RECOMMENDATION OF WATERMASTER

Transfer Number.: 81919

Applicant's Name: Grant Olson

Watermaster's Recommendation:

- a) ☒ 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 Comment:

Dated this 2 day of Oct, 2017.

Water District No: 29B

J Wendell Mankley
Watermaster's Signature