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AUG 14 2017

WATER RESOURCES
WESTERN REGION

State of Idaho

Department Of Water Resources

WATERMASTER RECOMMENDATION FORM

Water District # 61

Application # 81775

Applicant Name Trail Family Farms

Watermaster 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 comments:

Dated this _____ day of _____, 2017

Cliff Lisle
Watermaster Signature

Cliff Lisle

Printed Name