

State of Idaho
Department of Water Resources

RECOMMENDATION OF WATERMASTER

Transfer No(s).: 78934

Applicant's Name: CITY OF AMMON

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 7th day of January, 2014.

Water District No: 120


Watermaster's Signature