

State of Idaho

Department Of Water Resources

RECOMMENDATION FORM -- WATER DISTRICT NO. 63

Application # **Transfer # 77932**

Applicant Name **Pioneer Irrigation District**

Watermaster Recommendation:

- a) _____ I do not oppose approval of this application(s).
- b) XX I do not oppose approval of this application(s) if it is conditioned as follows:
Standard Watermaster requirements should be applied.
- c) _____ I oppose approval of this application(s) for the following reasons:
- d) _____ Additional comments:

Dated this _30 day of June , 2012

Rex R. Barrie

Watermaster Signature

Printed Name