



State of Idaho

Department Of Water Resources

RECOMMENDATION FORM -- WATER DISTRICT NO. 63

Application # _____ **63-166cb**

Applicant Name _____ **_Meridian School District**

Watermaster Recommendation:

- a) XXX I do not oppose approval of this application(s).
- b) I do not oppose approval of this application(s) if it is conditioned as follows:
- c) I oppose approval of this application(s) for the following reasons:
- d) Additional comments:

Dated this 15 day of June , 2012

Rex R. Barrie

Watermaster Signature

Printed Name