

State of Idaho
Department of Water Resources
Transfer of Water Right(s)

RECOMMENDATION OF WATERMASTER

Transfer Application No:

Water Right No(s):

Transfer Applicant's Name:

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 11th day of March, 2010.

Water District No:


Watermaster's Signature