



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

March 11, 2010

ERIC HERR
8917 BUTTE RD
SWEET, ID 83670

RE: **Transfer No. 74880**
Water Right No(s). 65-23364, 65-23367

RE: **Transfer No. 76301**
Water Right No(s). 65-3043, 65-2379,
65-3044

RE: **Transfer No. 75363**
Water Right No(s). 65-23365, 65-23368

RE: **Transfer No. 75730**
Water Right No(s). 65-22783, 65-23278

RE: **Application for Permit No(s).** 65-23348

Dear Watermaster:

A copy of the above referenced application is enclosed. Please review the application, then complete the enclosed recommendation form and return it to this office within 21 days of the date of this letter.

If the application is approved, IDWR will include appropriate standard conditions of approval for a water right located within a water district, such as regulation by the watermaster, lockable controlling works, and/or measuring devices. Any special conditions or other concerns you have related to this application should be specifically addressed in your recommendation.

IDWR's regional offices can finish reviewing an unprotested application as soon as the protest period has past. Your prompt response to this request will ensure that your recommendation can be considered. If IDWR has not received your written recommendation within 21 days from the date of this letter, IDWR will presume that you do not oppose approval of the application and that you have no comments for IDWR to consider.

Sincerely,

Denise Buffington
Administrative Assistant

Enclosure(s)

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

Transfer Application No.: 75730 **Water Right No(s):** 65-22783, 65-23278

Transfer Applicant's Name: PATRICIA ANN FINLEY
 PO BOX 7785
 BOISE, ID 83707

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 comments:

Dated this _____ day of _____, 2010

Water District No. 65A

Watermaster's Signature

Printed Name