

Buffington, Denise

From: Buffington, Denise
Sent: Wednesday, February 24, 2010 3:13 PM
To: 'waterdist65@srvinet.com'
Subject: COMMENT LETTERS
Attachments: Comment Letter to WD65.Doc; X-fer 74962 APP.pdf; 65-23305 APP.pdf

Please review the attached information and comment as necessary. If you have any questions regarding the attached information, please feel free to contact our office.

Thank You,

Denise Buffington
Administrative Assistant
Dept of Water Resources
Western Region

February 24, 2010

RON SHURTLEFF
102 N MAIN ST
PAYETTE, ID 83661

RE: Transfer No. 74962
Water Right No(s). 65-2923E, 65-2923C

RE: Application for Permit No. 65-23305

Dear Mr. Shurtleff:

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.: 74962 **Water Right No(s):** 65-2923E, 65-2923C

Transfer Applicant's Name: LAKE RESERVOIR CO
102 N MAIN ST
PAYETTE, ID 83661

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. 65

Watermaster's Signature

Printed Name