

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

RECOMMENDATION OF WATERMASTER

Transfer Application No:
Transfer Applicant's Name:

Water Right No(s):

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:

*Lockable headgate
Measuring device.*

- c) ☐ I oppose approval of this application for the following reasons:

- d) ☐ Additional Comment:

Dated this 19 day of January, 20 10.

Water District No: 120

Ernest Carlson

Watermaster's Signature