

Buffington, Denise

From: Buffington, Denise
Sent: Thursday, January 14, 2010 9:06 AM
To: 'Water District 63'
Subject: Comment Letter
Attachments: Comment Letter to WD63.Doc; X-fer 73829 APP.pdf; X-fer 73827 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

January 14, 2010

REX BARRIE
WATER DISTRICT 63
PO BOX 767
11769 W STATE ST
STAR, ID 83669-0767

RE: Transfer No. 73827
Water Right No(s). 63-125G, 63-198AC

RE: Transfer No. 73829
Water Right No(s). 63-198AC

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.: 73827

Water Right No(s): 63-125G, 63-198AC

Transfer Applicant's Name: MIDDLETON IRRIGATION ASSN
PO BOX 848
MIDDLETON, ID 83644

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 _____, _____

Water District No. 63

Watermaster's Signature

Printed Name