

State of Idaho
Department of Water Resources
Application for Permit
RECOMMENDATION FORM

Application for Permit

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 comments:

Dated this 3rd day of Sept. 2009

Water District No. 01

Lyle Swank
Watermaster's Signature