

APR 01 2009

WATER RESOURCES
WESTERN REGIONIDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDATION OF WATERMASTERApplication No: Transfer No- 75119Applicant's Name: Anita L. Fickle

Watermaster's Recommendation:

- a) ☐ I do not oppose approval of this application.
- b) ☒ I do not oppose approval of this application if conditioned as follows:

 No water shall be diverted under this right after June 15* of each year without prior approval of the watermaster.

Other conditions: I would like to see

some sort of measuring device.
preferably flow meter if pumping,
with access to device, lockable

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

- d) ☐ Additional comments: _____

Dated this 30 day of March, 2009

Water District No: 61-A Judy Seegrist
Watermaster's signature

* Watermaster provided copy of this recommendation to the applicant regarding 6/15 curtailments.