

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDATION OF WATERMASTER

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APR 01 2009

WATER RESOURCES
WESTERN REGIONApplication No: Transfer no. 75118Applicant's Name: JAMES S. NORSTED

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 Jerry Sequist
Watermaster's signature

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