

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECOMMENDATION OF WATERMASTER

Application No: TC-21-09

Applicant's Name: EGIN BENCH CANALS

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 Comment: _____

Dated this 29TH day of JUNE, 2007.

Water District No: 1

Lyle Swank
Watermaster's Signature

Use reverse side of page if you need more space.