

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECOMMENDATION OF WATERMASTER

Application No: TC-01-75

Applicant's Name: BURGESS CANAL

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 30th day of July, 2007.

Water District No: 1

Lyle Swank
Watermaster's Signature