

Received Time Apr. 27. 11:26AM
ATTN MICHAEL HOLIDAY

12/99

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
RECOMMENDATION OF WATERMASTER

Application No: _____

Applicant's Name: JAY ANDERSEN

Watermaster's Recommendation:

- a) X 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: _____

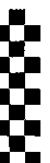
- d) _____ Additional Comment: _____

Dated this _____ day of _____

Watermaster's Signature: _____

Michael W. Schaffer
Watermaster's Signature

Use reverse side of page if you need more space.



12/00

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Dated this 26 day of April, 2007

Water District No: 34

J. A. Relford
Watermaster's Signature

Use reverse side of page if you need more space.