

State of Idaho
Department of Water Resources
Application for Permit
RECOMMENDATION OF WATERMASTER

Application for Permit No 24-10747
Applicant's Name: SCOTT CARLISLE
PO BOX 1266
AFTON WY 83110

Watermaster's Recommendation:

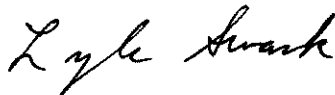
- a) ☒ I do not oppose approval of this application.
b) ☐ I do not oppose approval of this application if it is conditioned as follows:

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

d) ☐ Additional Comment:

Dated this 19th day of July, 2006.

Water District No: 01


Watermaster's Signature