

1/06

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECOMMENDATION OF WATERMASTER

Application No: Transfer 71722Applicant's Name: City of Idaho City

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 (be sure to check/list conditions as needed):

 No water shall be diverted under this right after June 15 of each year without prior approval of the watermaster.

Other conditions: Standard Watermasterconditions

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

- d) ☐ Additional comments: _____

Dated this 28 day of March, 2006Water District No: 63Lee J. J. J.
Watermaster's signature