

6/05

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
RECOMMENDATION OF WATER MASTER

Application No: Transfer 72109Applicant's Name: Canyon County Water Co.

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: ☐ Cannot divert after June 15 unless contacts me first.

Other conditions: _____

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

- d) ☐ Additional comments: _____

Dated this 22 day of Aug, 2005Water District No: _____
Watermaster's signature