

State of Idaho DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Idaho Falls, Idaho 83402-1718 - (208) 525-7161 - Fax (208) 525-7177

EASTERN REGION

May 12, 1997

PHILIP E. BATT GOVERNOR

KARL J. DREHER DIRECTOR

LAMAR COCKRELL ROUTE 1 BOX 9 SALMON ID 83467

RE: WATER DISTRICT 74-B

Dear Mr. Cockrell:

Your CERTIFICATE OF APPOINTMENT is enclosed herewith. You will, therefore, take charge of the waters of such district and distribute the same in accordance with the law and the decrees of the courts to the various users in such district in accordance with the terms and conditions of their respective rights, and perform such other duties as may be required by the Department of Water Resources, under the laws of the State of Idaho. You are hereby requested to assume your duties at once and continue thereat until the necessity therefore shall cease.

Please feel free to call upon this office whenever we can be of assistance to you. We shall have a personal interest in the success of your year's work and desire to keep in as close touch with you as conditions will permit.

Respectfully submitted,

HAROLD W JONES Water Rights Supervisor

Enclosure

HWJ:sc

State of Idaho Department of Water Resources Certificate of Appointment

This is to certify that I have this day appointedWatermaster	Lamar Cockrell	a
	of Water District 74-B	
Irrigation season 1997	J	for or until his successor is
appointed and qualified under the provisions of S	Section(s) $\frac{42-605}{}$	
Idaho Code, at such rate of compensation as est	tablished by applicable law.	,



This certifica	te has been is	ssued and the seal of the
Director affix	ed at Boise, I	Idaho, this, 12th
day of	May	1997
Kas		
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Director

WATER DISTRICT INFORMATION SHEET

RECEIVED MAY 0 7 1997

Department of Water Resources Eastern Region

Water Diskrict #/Stream Name Route 1 Box 9 Salmon, Odako 83467 Assistant Watermaster Name Address Phone Number Mona Cockrell
Secretary Name

Boute 1 Box 9 Salmon, Odaho 83467

Address 208 -756-254) Phone Number

Please fill in the blank information above and return it to the Idaho Department of Water Resources. Your cooperation on this matter would be greatly appreciated. If you have any questions, please feel free to contact me. Sincerely,

Sharla Cox Water Rights Secretary

BEFORE THE DEPARTMENT OF WATER RESOURCES

OF THE

RECEIVED

MAY 0 7 1997

Department of Water Resources
Eastern Region

STATE OF IDAHO

STATE OF IDAHO)	
) ss OFFICIAL OATH	
County of Lemhi)	
I do solemnly swear (or	affirm) that I will support the Constitution of the United	
States, the Constitution and law	ys of the State of Idaho, specifically including the provisions	
of Section 42-605 and 42-607, <u>I</u>	daho Code and that I will faithfully discharge all the duties	
of the office ofwater maste	er	
according to the best of my ability. So help me God.		
	Lamar Cockell	
	Principal	
SUBSCRIBED AND SWORN	to before me this 5th day of May , 19 97.	
	Sun E Zuil	
	NOTARY PUBLIC	
	Residing at Salmon, Idaho	
	Commission Expires 9-4-99	

RECEIVED MAY 0 7 1997

Department of Water Resources Eastern Region

<u>Salmon</u>, Idaho <u>May 6</u>, 19<u>97</u>

PETITION FOR WATERMASTER'S SERVICES

RE: Water District No. 74-B
Stream: Kitley Creek
TO: IDAHO DEPARTMENT OF WATER RESOURCES
I, the undersigned, owner or manager of ditches or person controlling ditches in Water District No. $\cancel{14-\cancel{5}}$, hereby request the services of a
watermaster for the reason that there is a necessity for the use and control of the waters of the District.
name of watermaster: <u>La Mars Cockrell</u>
ADDRESS OF WATERMASTER: Soute 1 Box 9
Salmon, Odaho 83467
PHONE NUMBER: 208-156-2541
Date watermaster is to start: at once
If known, the date services of watermaster are to terminate: Och 15
Sany Dminit PoBay 1514 Salmon 7566105 signature address telephone

W A R N I N G: Watermaster cannot begin services until ALL conditions of appointment have been fulfilled.