

**WATER DISTRICT  
CONTACT SHEET Year: 2025**

**RECEIVED**  
**MAR 12 2025**  
DEPT. OF WATER RESOURCES  
EASTERN REGION

WATER DISTRICT 74 G MILL CREEK

**Water District No. / Name**

STEVEN JOHNSON

**Watermaster Name**

1019 LEE CREEK RD. LEADORE ID 83464

**Address, City, State, Zip**

208 313 4096

**Phone Number, Home / Cell**

**E-mail Address**

SUSAN JOHNSON SECT./TREAS.

**Treasurer Name**

1019 LEE CREEK RD. LEADORE ID 83464

**Address, City, State, Zip**

208 313 4095

**Phone Number, Home / Cell**

**E-mail Address**

ASSISTANT TO BE DETERMINED LATER

**Assistant Watermaster/Secretary (please circle)**

**Address, City, State, Zip**

**Phone Number, Home / Cell**

**E-mail Address**

**This information is required for elected water district officer(s). The information provided will be posted on the IDWR website. Please fill in the information above and return it to the appropriate IDWR regional office along with the other forms listed in the meeting checklist above, after your annual meeting.**