State of Idaho
Department of Water Resources
Transfer of Water Right(s)
RECOMMENDATION FORM

RE: Transfer No. 90151

Transfer Applicant's Name: KNIFE RIVER CORPORATION MOUNTAIN WEST
5450 W GOWEN RD
BOISE, ID 83709-5625

Watermaster's Recommendation:

a) X 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 comments:

Dated this 21st day of January 2026.

Blake Jordan

Watermaster's Signature
WD120