

STATE OF IDAHO

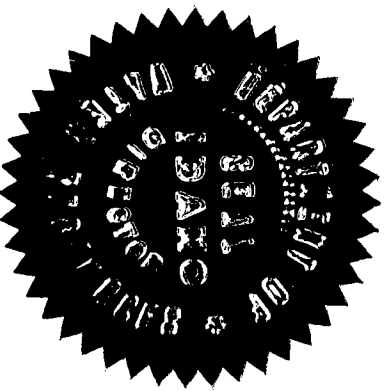
DEPARTMENT OF WATER RESOURCES

CERTIFICATE OF APPOINTMENT

This is to certify that I have this day appointed Marion Olson as
Watermaster _____ of _____ Water District 13-R
_____ for
1998 Irrigation season _____ or until his successor is appointed and qualified
under the provisions of Section _____, Idaho Code, at such rate of compensation as established by
applicable law.

This certificate has been issued and the seal of the
Director affixed at Boise, Idaho this 15th
day of April 19 98.







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

PHILIP E. BATT
GOVERNOR

April 15, 1998

KARL J. DREHER
DIRECTOR

MARION OLSON
8915 CHURCH ST
CLIFTION ID 83228

RE: WATER DISTRICT #13-R

Dear Mr. Olson:

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

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE
STATE OF IDAHO

STATE OF IDAHO)
) ss
County of FRANKLIN)

OFFICIAL OATH

I do solemnly swear (or affirm) that I will support the Constitution of the United States, the Constitution and laws of the State of Idaho, specifically including the provisions of Section 42-605 and 42-607, Idaho Code and that I will faithfully discharge all the duties of the office of WATER MASTER according to the best of my ability. So help me God.

Marion Olson
Principal

SUBSCRIBED AND SWORN to before me this 6 day of April, 1998

Margaret Mayhew
NOTARY PUBLIC
Residing at Franklin County
Commission Expires 2-1-99

SEAL

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APR 07 1998
Department of Water Resources
Eastern Region

PETITION FOR WATERMASTER'S SERVICES

Oxford, Idaho

April, 1998

RE: Water District No. 13-R

Stream: OXFORD

TO: IDAHO DEPARTMENT OF WATER RESOURCES

I, the undersigned, owner or manager of ditches or person controlling ditches in Water District No. 13-R, 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: MARION OLSON

ADDRESS OF WATERMASTER: 8915 Church St. Oxford
Clifton, Idaho 83228

PHONE NUMBER: 208-747-3508

Date watermaster is to start: 4-1-98

If known, the date services of watermaster are to terminate: 10-1-98

Marion Olson 8915 N Church St Clifton ID 83228 747-3508
signature address telephone

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

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APR 07 1998

Department of Water Resources
Eastern Region

WATER DISTRICT INFORMATION SHEET

1998
Year

13-R OXFORD
Water District #/Stream Name

MARION OLSON
Watermaster Name

8915 Church St. Clifton, Id. 83228
Address

208-747-3508
Phone Number

Assistant Watermaster Name

Address

Phone Number

James D. Boyce
Secretary Name

8305 No. Westside Hwy Clifton, Idaho 83228
Address

208-747-9328
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

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Department of Water Resources
Eastern Region