



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way, Boise, Idaho 83705-5082 - (208) 334-2190

FAX (208) 334-2348

June 30, 2006

JAMES E. RISCH
Governor

KARL J. DREHER
Director

Dear Watermaster:

Your Watermaster Oath of Office has been received by the Department. Enclosed is your Watermaster Certificate of Appointment.

You will take charge of the water of the district and distribute the same in accordance with the laws of Idaho and decrees of the courts. Distribution shall be in accordance with the terms and conditions of the user's respective rights, and as may be required by the Department of Water Resources. You should note that the enclosed Certificate of Appointment authorizes delivery of natural flow and also stored water pursuant to Section 42-801, Idaho Code.

Feel free to contact me at our Western Regional Office if you need assistance during the irrigation season, phone 334-2190.

Sincerely,

Manuel Rauhut
Western Region

Enclosure

BEFORE THE DEPARTMENT OF WATER RESOURCES
OF THE
STATE OF IDAHO

RECEIVED

APR 25 2006

WATER RESOURCES
WESTERN REGION

STATE OF IDAHO)
) ss
County of _____)

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 provision of Section 42-605 and 42-607, Idaho Code and that I will faithfully discharge all the duties of the office

of **Watermaster of** _____ according to the best of my ability. So help me God.

Principal

SUSCRIBED AND SWORN to before me this _____ day of _____, 20__

Seal

Notary Public
Residing at _____
Commission Expires _____

I serve as Watermaster on a year-round basis

PETITION FOR WATERMASTER'S SERVICES

TO: Idaho Department of Water Resources

Date: _____

Water District Name: PORTER CREEK District No; _____

I the undersigned owner/manager of ditch(s) or person controlling ditches in Water District No. _____ hereby request the services of a watermaster for the reason that there is necessity for the use and control of the waters of the District.

Date Watermaster is to start: _____

If know, the date services of Watermaster are to terminate: _____



Signature Address Telephone Water Right No.

WARNING: Watermaster cannot begin services until all conditions of the appointment have been fulfilled.

State of Idaho
Department of Water Resources
Certificate of Appointment

This is to certify that I have on this day appointed LYNN GRAMKOW as
WATERMASTER of PORTER CREEK WATER DISTRICT 65 B for
THE 2006 IRRIGATION SEASON or until his successor is
appointed and qualified under the provisions of Sections 42-605,
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, 30TH
day of JUNE 2006.

Director

A handwritten signature in black ink, appearing to be "Lynn Gramkow", written over a horizontal line.