



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. SKYLINE DR., SUITE A, IDAHO FALLS, ID 83402-1718

PHONE: (208) 525-7161 FAX: (208) 525-7177 WEB SITE: www.idwr.state.id.us

EASTERN REGION

DIRK KEMPTHORNE
Governor

April 15, 2004

KARL J. DREHER
Director

Matt Anderson
PO Box 462
Salmon ID 83467

RE: WATER DISTRICT #74-A

Dear Mr. Anderson:

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,

Dennis Dunn
Senior Water Rights Agent

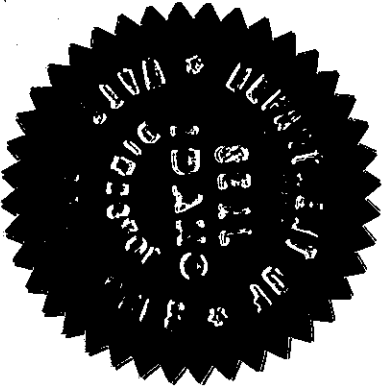
Enclosure

DD:sc


State of Idaho
Department of Water Resources

Certificate of Appointment

This is to certify that I have on this day appointed MATT ANDERSON as
WATERMASTER of WATER DISTRICT 74-A
for
THE 2004 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, 15TH
day of APRIL, 2004.



Director

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APR 13 2004

Department of Water Resources
Eastern Region

PETITION FOR WATERMASTER'S SERVICES

Salmon, Idaho
April 8, 2004

RE: Water District No. 74-A
Stream: Lemhi

TO: IDAHO DEPARTMENT OF WATER RESOURCES

I, the undersigned, owner or manager of ditches or person controlling ditches in Water District No. 74A, 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: Matthew Anderson

ADDRESS OF WATERMASTER: P.O. Box 462, Salmon
ID 83467

PHONE NUMBER: 208 756 1406

Date watermaster is to start: _____

If known, the date services of watermaster are to terminate: _____

Matthew Anderson P.O. Box 462 208-756-1406
signature address Salmon, ID telephone
83467

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

BEFORE THE DEPARTMENT OF WATER RESOURCES

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OF THE

APR 13 2004

STATE OF IDAHO

Department of Water Resources
Eastern Region


STATE OF IDAHO)

County of Lemhi)

SS


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



Principal

SUBSCRIBED AND SWORN to before me this 8 day of April, 2004.



NOTARY PUBLIC

Residing at Salmon, Idaho

Commission Expires 12-13-05

