

RECEIVED

05/03/2004
MAY 27 2004

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW Department of Water Resources

RIGHT NUMBER: 74-1013
NAME AND ADDRESS: PHYLLIS M JONES
PO BOX 28
LEMHI ID 83465

ROBERT M JONES
PO BOX 28
LEMHI ID 83465

SOURCE: GROUND WATER TRIBUTARY:

QUANTITY: 0.200 CFS

PRIORITY DATE: 04/01/1966

POINT OF DIVERSION:
T16N R26E S28 SESE Within LEMHI County

PURPOSE AND
PERIOD OF USE:

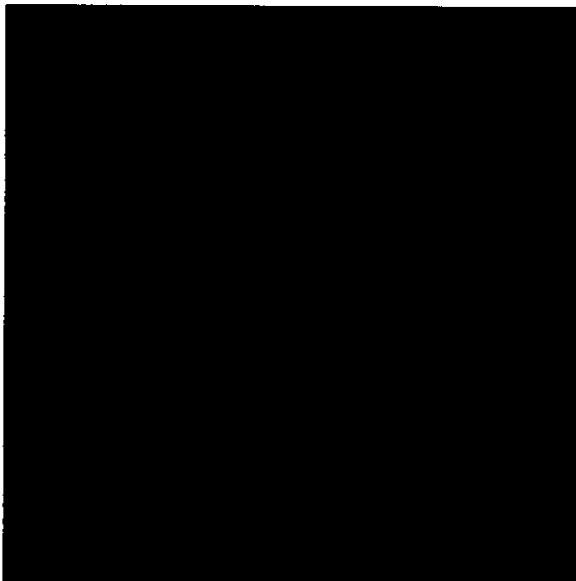
<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
COMMERCIAL	1/01 12/31	0.200 CFS
Commercial use in a 10-unit trailer court		

PLACE OF USE: COMMERCIAL Within LEMHI County
T16N R26E S28 SWSE T16N R26E S28 SESE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Decreed



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NOTICE OF ERROR
REPLY

MAY 27 2004

Department of Water Resources

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: May 21, 2004

Water right number: 74-1013

PHYLLIS M JONES

PO BOX 28

LEMHI ID 83465

Telephone Number: (208)768-2456

ROBERT M JONES

PO BOX 28

LEMHI ID 83465

Telephone Number: (208)768-2456

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

____ I AGREE with this proposed recommendation: no changes need to be made.

DATE: _____ SIGNATURE: _____

Please print your name: _____

IDWR State Office, 1301 N Orchard St, Boise, ID 83706, 208-327-7925