

RECEIVED

08/17/2004

AUG 27 2004

DEPARTMENT OF
WATER RESOURCES

NOTICE OF ERROR
REPLY

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: September 30, 2004

Water right number: 82-7019

OROGRANDE WATER ASSN

915 BRYDEN AVE

LEWISTON ID 83501

Telephone Number: (208)743-2689

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: 08-25-04

SIGNATURE:

Harvey Dale

Please print your name:

HARVEY DALE

IDWR State Office, P.O. Box 83720, Boise, ID 83707-9815