

RECEIVED

SEP 07 2004

MH

07/12/2004

Department of Water Resources
Eastern Region

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:

Water right number: 25-14055

FALLS WATER CO INC

1770 SABIN DR

IDAHO FALLS ID 83406

Telephone Number: (208)522-1300

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:

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

DATE: 8-31-2004

SIGNATURE:

K. Scott Bruce

Please print your name:

K. Scott Bruce

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161