Dave

02/18/2003

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: April 21, 2003

Water right number: 29-4189

T CRAIG SMITH
1827 E ARIMO RD
POCATELLO ID 83201
Telephone Number: (208)254-3981

SANDRA SMITH
1827 E ARIMO RD
POCATELLO ID 83214
Telephone Number: (208)254-3981

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: 4/14/2003 **SIGNATURE:** T. Craig Smith

Please print your name: Thomas Craig Smith

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

RECEIVED
APR 23 2003
Department of Water Resources
Eastern District Office