

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: 29-46

INDIAN FALLS WATER USERS ASSOC
PHIL HUDGENS PRES
PO BOX 134

LAVA HOT SPRINGS ID 83246
Telephone Number: (208) 254-3062

INDIAN FALLS PROPERTY ASSN
C/O EARL MAPES
1061 SAGEWOOD PL

POCATELLO ID 83201
Telephone Number: (208) 233-1713

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: 3-29-03 SIGNATURE: Henry P. Hudgens
Please print your name: HENRY P. HUDGENS

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

allen
RECEIVED
APR 02 2003
Department of Water Resources
Eastern Region

02/18/2003

NOTICE OF ERROR
REPLY

Allen

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: 29-46

INDIAN FALLS WATER USERS ASSOC
PHIL HUDGENS PRES
PO BOX 134

LAVA HOT SPRINGS ID 83246
Telephone Number: (208) 254-3062

INDIAN FALLS PROPERTY ASSN
C/O EARL MAPES
1061 SAGEWOOD PL

POCATELLO ID 83201
Telephone Number: (208) 233-1713

RECEIVED
APR 03 2003
Department of Water Resources
Eastern Region

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: 3/28/03

SIGNATURE: Earl C Mapes

Please print your name:

Earl C Mapes

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