

02/08/2005

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: 27-4011

ALICE GIBSON

100 N WOODLAND DRIVE

SODA SPRINGS ID 83276

Telephone Number: (208) 547-4009

GLENN RASMUSSEN

2204 LAGO LIBERTY ROAD

GRACE ID 83241

Telephone Number: (208) 427-6637

VAL GIBSON

100 N WOODLAND DRIVE

SODA SPRINGS ID 83276

Telephone Number: (208) 547-4009

LYNN RASMUSSEN

2204 LAGO-LIBERTY RD

GRACE ID 83241

Telephone Number: (208) 427-6637

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: 6-1-05 SIGNATURE: Val Gibson

Please print your name: Val Gibson

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

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JUN 02 2005

Department of Water Resources
Eastern Region

KUT
6/2

05/12/2005

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YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS:

Water right number: 27-4011

ALICE GIBSON
100 N WOODLAND DRIVE
SODA SPRINGS ID 83276
Telephone Number: (208) 547-4009

Alice Gibson

GLENNA RASMUSSEN
160 STEELE LN
GRACE ID 83241-5352
Telephone Number: (208) 427-6637

Glenna Rasmussen

VAL GIBSON
100 N WOODLAND DRIVE
SODA SPRINGS ID 83276
Telephone Number: (208) 547-4009

Val Hil

LYNN RASMUSSEN
168 LAGO-LIBERTY RD
GRACE ID 83241-5352
Telephone Number: (208) 427-6637

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: June 1 2005 SIGNATURE: *Lynn Rasmussen*

Please print your name: LYNN RASMUSSEN

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

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JUN 02 2005

Department of Water Resources
Eastern Region

*WAT
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