

Water Resources
Location Bureau
Box 83720
83720-0058

ADDRESS SERVICE
REQUESTED

JUN 28 1999
IP
7081570
U.S. POSTAGE
0.77

RECEIVED
FEB 05 1999
Department of Water Resources

NOT DELIVERED
AS ADDRESS
UNABLE TO FORWARD

R35-11692
HOWARD MC BRIDE
LINDA MC BRIDE
651 W 350 N
BLACKFOOT

ID 83221

Dir Rep.

November 20, 1998

**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: December 18, 1998

Water right number: 35-11692

HOWARD MC BRIDE
LINDA MC BRIDE
651 W 350 N
BLACKFOOT ID 83221

Daytime Telephone Number:

Evening Telephone Number:

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: _____ **SIGNATURE:** _____
Please print your name: _____

IDWR Eastern Regional Office, 900 N. Skyline Drive, Suite A, Idaho Falls, ID 83402-1718, (208) 525-7161

Returned to sender

4/11/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME McBeane, Hc ~~red~~ CLAIM ENT. NO. A35-11692

DATE RECEIVED 5-30-89 CK # — AMOUNT \$ 25

- | | YES | NO | Required Info? |
|--|-------------------------------------|--------------------------|----------------|
| 1. Is the name and address complete with zip code? | ☒ | ☐ | * |
| 2. Is a priority date entered? | ☒ | ☐ | * |
| Is the priority date acceptable in view of mandatory filing dates?
See Adjudication Memos #1 and #4 to determine if a Permit is required. | ☒ | ☐ | * |
| 3. (a) Is a source entered? | ☒ | ☐ | * |
| (b) Is a tributary to entered? (if required) N/A ☒ | ☐ | ☐ | |
| 4. Is the legal description of the p.d. sufficient? | ☒ | ☐ | * |
| 5. Is there a description of the diverting works? | ☒ | ☐ | |
| 6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. | ☒ | ☐ | * |
| Is the period of use included? | ☒ | ☐ | |
| Is a quantity claimed for each use? | ☒ | ☐ | * |
| 7. Is a total quantity claimed entered? | ☒ | ☐ | |
| 8. If required is a consumptive use entered? N/A ☒ | ☐ | ☐ | |
| Is the consumptive use correct? N/A ☒ | ☐ | ☐ | |
| 9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. | ☒ | ☐ | * |
| 10. Is (are) the place(s) of use and purpose(s) indicated? | ☒ | ☐ | * |
| 11. Is (are) the county(ies) entered? | ☒ | ☐ | |
| 12. Is the ownership of p.u. checked? | ☒ | ☐ | |
| 13. Are other water rights listed or "none" indicated? | ☒ | ☐ | |
| 14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) N/A ☒ | ☒ | ☐ | |
| 15. Is the basis of the claim indicated? | ☒ | ☐ | |
| 16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) N/A ☒ | ☐ | ☐ | |
| 17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. | ☒ | ☐ | * |
| 18. Has the claim been signed, sealed, and dated by a notary? | ☒ | ☐ | * |
| 19. Was this claim filed on time, or was an extension granted? | ☒ | ☐ | * |
| 20. Is the fee enclosed correct? Exempt ☒ | ☒ | ☐ | * |
| 21. If this claim is based on an existing water right, has the identification number been entered? N/A ☒ | ☐ | ☐ | |
| 22. Should this claim be data entered? | ☒ | ☐ | |

Claim checked by: DM Date: 7/7/89
Claim must be returned to claimant: (Yes) X (No)
Claimant must be notified of modifications: (Yes) X (No)

Receipt Prepared by: _____ Date: _____
Claim data entered by: _____ Date: _____
Sent to claimant by: _____ Date: _____

Comments: _____

MICROFILMED

DEC 11 1992