



IN REPLY REFER TO:

PN-3100

WTR-1.10

United States Department of the Interior

BUREAU OF RECLAMATION
Pacific Northwest Region
1150 North Curtis Road, Suite 100
Boise, Idaho 83706-1234

NOV 04 2005



Mr. Ernest Carlsen
Eastern Regional Office
Idaho Department of Water Resources
900 N Skyline Dr Suite A
Idaho Falls, ID 83402

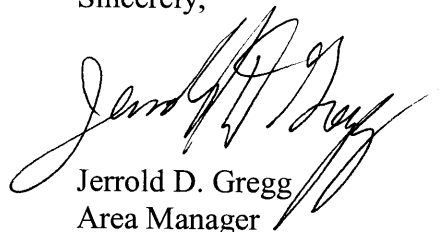
Subject: Snake River Basin Adjudication, Preliminary Director's Report, Basin 01

Dear Mr. Carlsen:

Enclosed please find the Notice of Errors for the Preliminary Directors Report issued on October 7, 2005. In addition to the comments included on the Notice of Error forms, we also believe that General Provisions must be considered for these water rights to ensure preservation of the historical administrative water use practices unique to the delivery and/or operation of natural flow and/or storage water rights in the Snake River. We would like to meet with the Department to discuss this issue and will contact you to set up a time and date.

Please call me at 208-383-2246 if you have any questions.

Sincerely,



Jerrold D. Gregg
Area Manager

Enclosures

cc: Mr. Dave Tuthill
Idaho Department of Water Resources
P.O. Box 83720
Boise, ID 83720-0098

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Eastern Region

11/01/2005

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: 01-2061

UNITED STATES OF AMERICA ACTING THROUGH
REGIONAL DIRECTOR PN REGION CODE PN-3100
BUREAU OF RECLAMATION
1150 N CURTIS RD SUITE 100
BOISE ID 83706-1234
Telephone Number: (208) 378-5306

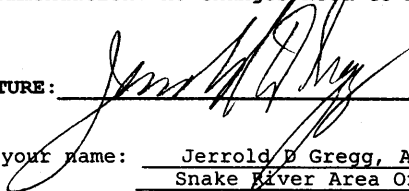
1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
2. Describe the changes you wish to make in the proposed recommendation:
3. Give a brief explanation as to why you disagree with these portions:

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

DATE:

11/4/05

SIGNATURE:



Please print your name: Jerrold B Gregg, Area Manager,
Snake River Area Office

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

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Eastern Region

KMS
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