

12/12/2005

**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: 21-7174

COLLEEN MARSHALL
397 MAGPIE LANE
PO BOX 731
LYMAN WY 82937
Telephone Number: (307)782-8617

JAMES G MARSHALL
397 MAGPIE LANE
PO BOX 731
LYMAN WY 82937
Telephone Number: (307)782-8617

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:

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

DATE: 12-23-05

SIGNATURE:

James G. Marshall Colleen Marshall

Please print your name:

James G. Marshall Colleen Marshall

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

RECEIVED

JAN U 3 2006

Department of Water Resources
Eastern Region

Kate
1/10/05