

02/08/2003

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: 29-4302

MERLIN S BASTIAN
685 N 5400 W
MALAD CITY ID 83252
Telephone Number: (208)766-2566

LYNN S BASTIAN
1463 E ARIMO RD
ARIMO ID 83214
Telephone Number: (208)254-3193

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

*amend No. 29-4302 priority date to 1926
as per evidence as submitted. add stock water
for 700 head.*

2. Describe the changes you wish to make in the proposed recommendation: *01-01 to 12-31*

3. Give a brief explanation as to why you disagree with these portions:

evidence ~~only~~ supports this request.

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

DATE: *2/25/03*

SIGNATURE: *Lynn S. Bastian*

Please print your name:

Lynn S. Bastian.

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

Done 2/26/03 ASR

**NOTICE OF ERROR
REPLY**

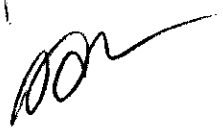
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**YOUR DEADLINE FOR RETURNING A
NOTICE OF ERROR REPLY IS:**

Water right number: 29-04302

Lynn S. Bastian
16580 S. Marsh Valley Rd.
Arimo, Idaho 83214

UB²
3/7/03


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: 3/4/03

SIGNATURE: 
Please print your name: 3/4/03