

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: 29-4461

RAY E INFANGER

RT 1 BOX 174

SALMON ID 83467

Telephone Number: (208)756-3642

VERA S INFANGER

RT 1 BOX 174

SALMON ID 83467

Telephone Number: (208)756-3642

RECEIVED
APR 10 2003
Department of Water Resources
Eastern Region

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: 3/30/03

SIGNATURE: Ray E. Infanger

Please print your name: RAYE INFANGER

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

E clock

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Water right number: 29-4461
RAY E INFANGER
RT 1 BOX 174
SALMON ID 83467
Telephone Number: (208) 756-3642

VERA S INFANGER
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1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
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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: 3/20/03 SIGNATURE: Vera Infanger

Please print your name: ~~RAY E INFANGER~~ VERA INFANGER

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