

15 West Center
Soda Springs, ID 83276
Phone (208) 547-3993
FAX (208) 547-3939

**Idaho Department of
Water Resources**

Fax

To: Jennifer Crabtree

From: Barbara Payne

Fax: 525-7177

Pages: 2

Phone:

Date: 7/5/2005

Re: 27-12050

CC:

Hi Jennifer,

This FAX contains a copy of the NOE with the noted objection. Since the original NOE was missing all the PODs, please resend the corrected PDR and NOE after the missing POD is linked. If there is a problem, please let me know. Thanks.

Barbara



FAXED
5/17

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Soda Springs, ID 83276
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Idaho Department of Water Resources

Fax

To: Katy Jackson	From: Barbara Payne
Fax: 525-7177	Pages: 3
Phone:	Date: 7/25/2005
Re: Basin 27 NOEs	CC:

Hi Katy,

This FAX contains a copy of the following NOEs:

27-11992 Randy Panter agree

27-12050 Randy Panter agree

Barbara



FAXED
BP
10:25

05/18/2005

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: 27-12050

RANDY PANTER
14885 N HWY 34
THATCHER ID 83283
Telephone Number: (208)427-6388

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

POD.

2. Describe the changes you wish to make in the proposed recommendation:

ADD irrigation POD.

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

No irrigation POD Listed.

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

DATE:

7-05-05

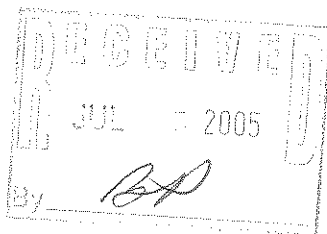
SIGNATURE:

Randy Panter

Please print your name:

Randy PANTER.

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



07/11/2005

NOTICE OF ERROR
REPLY

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YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS:

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RANDY PANTER

14885 N HWY 34

THATCHER ID 83283

Telephone Number: (208)427-6388

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: 7-25-05 SIGNATURE: *Randy Panter*
Please print your name: RANDY PANTER

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

