

02/05/2004

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: 27-11987

STATE OF IDAHO
DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
PO BOX 400
BLACKFOOT ID 83221
Telephone Number: (208) 785-1200

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:
Minor adjustment to point of diversion as noted on attached map.
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: 6/22/05 SIGNATURE: [Signature]

Please print your name: Tracy J Farnsworth, FACHE

Administrative Director

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

RECEIVED
JUL 11 2005
Department of Water Resources
Eastern Region

KMJ
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