

10/30/2003

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:

Water right number: 27-7084

STATE OF IDAHO
DEPT OF HEALTH & WELFARE
STATE HOSPITAL SOUTH
450 W STATE 10TH FL
BOISE ID 83720
Telephone Number: (208) 334-5537

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:

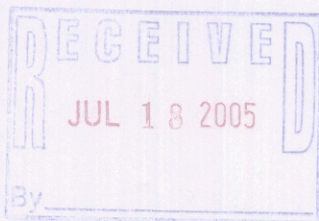
6/22/05

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

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7/12