

07/26/2005

**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: 21-10887

CITY OF ASHTON
PO BOX 689
ASHTON ID 83420
Telephone Number: (208)652-3987

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

Quantity.

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

Quantity should be changed from 1.440 C.F.S. to 1.960 C.F.S.

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

All prior rights to this claim have been for 1.960 C.F.S. See for example the attached Notice of Claim dated 3/17/89.

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

DATE: _____ SIGNATURE: Theodore R. Strunks 10/9/05
Please print your name: Theodore Strunks, Mayor

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

RECEIVED

NOV 15 2005

Department of Water Resources
Eastern Region

KAL
11/16