

703 3 1 2006

10/17/2006

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: See cover letter

Water right number: 47-10501

DAVID R SPRADLING  
PO BOX 309  
1100 BURLEY AVE  
BUHL ID 83316  
Telephone Number: (208)543-5252

DONNA SPRADLING  
PO BOX 309  
1100 BURLEY AVE  
BUHL ID 83316  
Telephone Number: (208)543-5252

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: 10-26-06

SIGNATURE:

David Spradling

Please print your name:

David Spradling

IDWR Regional Office, 1341 Fillmore St, Suite 200, Iwin Falls, ID 83301, 2087363033