

12/16/2005

NOTICE OF ERROR
REPLY

3137 1173
OCT 31 2005
ASST. DIR.

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: 47-10586

RUTH M OWEN
2633 E 2500 N
TWIN FALLS ID 83301
Telephone Number: (208)655-4256

ROY JOSEPH OWEN
RT 1 BOX 4625
TWIN FALLS ID 83301
Telephone Number: (208)655-4256

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: 10-26-06

SIGNATURE: _____

Ruth Owen
RUTH OWEN

Please print your name: _____

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