

RECEIVED

NOV 09 2006

09/05/2006

DEPARTMENT OF
WATER RESOURCES

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: 47-4193

CHARLENE A MAXTON

629 12 TH AVE N

BUHL ID 83316

Telephone Number: (208)543-5312

ELVERA S WIEGAND

PO BOX 877

HOLBROOK AZ 86025

Telephone Number: (602)524-3532

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: 11/6/07

SIGNATURE: Charlene Maxton Howsden

Please print your name: Charlene Maxton Howsden

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