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DEPARTMENT OF  
VETERANS AFFAIRS

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: December 8, 2006

Water right number: 67-2354

VETERANS ADMINISTRATION

550 W FORT ST

BOX 044

BOISE ID 83724

Telephone Number: (208)334-1900

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

Entire recommendation seems to be in error. Items that are incorrect include; water right number, address, point of diversion, point of use, priority date, quantity (both CFS and AFY) purpose of use, and basis of claim.

2. Describe the changes you wish to make in the proposed recommendation: should include 2 statutory claims, a federal reserve claim, and a license.

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

Clearly, this is not the claim for the VA Medical Center at 500 W. Fort Street, Boise, Ada County.

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

DATE: 12/6/06 SIGNATURE: Douglas G. Lamb

Please print your name: Douglas G. Lamb

IDWR Regional Office, 322 E Front St  
PO Box 83720, Boise, ID 83720-0098, 2082874800