

11/20/2006

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: 12/13/2006

Water right number: 75-4043

MARTIN W HALPERN
PO BOX 32
ARGYLE TX 76226
Telephone Number: (214) 957-6189

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

STATUTORY CLAIM AMOUNT WAS 1.6 CFS -

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

Reduction of this claim to .150 ~~is~~ is OK.
Would like claim # 75-4180 returned to 1.3

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

See water right # 75-4180 CFS

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

DATE:

11/22/06

SIGNATURE:

Martin W Halpern
MARTIN W. HALPERN

Please print your name:

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, 2087622800

SCANNED

DEC 12 2006