

09/29/2004

RECEIVED

NOV 15 2004

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: November 27, 2004

Water right number: 84-10302

DONNA R LEACH

BOX 1141

OROFINO ID 83544

Telephone Number: (208)476-4660

TED E LEACH

BOX 1141

OROFINO ID 83544

Telephone Number: (208)476-4660

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:

11-09-04

SIGNATURE:

Ted E. Leach

Please print your name:

Ted E. Leach

IDWR Regional Office, 1910 Northwest Blvd, Suite 210, Coeur D' Alene, ID 83814, 2087691450