

RECEIVED

AUG 04 2015^{07/07/2015}

NOTICE OF ERROR
REPLY

DEPARTMENT OF
WATER RESOURCES

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: September 30, 2015

Water right number: 94-8354

CHRISTOPHER KELLER
4 SAFFRON CT
BELLINGHAM WA 98229
Telephone Number: (360) 527-2193

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

Please change period of use to 1/1 - 12/31 the home has been & may again be used year round. Return CFS to .11.

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

*use Period 1/1 - 12/31
CFS .11*

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

*The home has been and may be used year round.
The original CFS was .11*

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

DATE: 7/30/2015 SIGNATURE: *Christopher D. Keller*
Please print your name: CHRISTOPHER D. KELLER

IDWR Regional Office, 7600 Mineral Drive, Suite 100, Coeur D' Alene, ID 83815, (208) 762-2800