

07/07/2015
RECEIVED
AUG 24 2015
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: September 30, 2015

Water right number: 94-7416

BISSELL FAMILY REVOCABLE LIVING TRUST
5305 E O GARA RD
HARRISON ID 83833
Telephone Number: (208) 689-3356

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

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
IRRIGATION	01/01 12/31	0.090 CFS 9.00 AFY
2. Describe the changes you wish to make in the proposed recommendation:		
<u>CHANGE TO</u> DOMESTIC	01/01 12/31	0.040 CFS
STOCKWATER	01/01 12/31	0.020 CFS

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

INSUFFICIENT WATER IN WELL.

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

DATE: 8-19-15 SIGNATURE: Angelo Bissell
Please print your name: ANGELO BISSELL

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