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07/07/2015
AUG 31 2015

DEPARTMENT OF
WATER RESOURCES

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 94-8380

NAME AND ADDRESS: MIKE HOWARD
130 ZANETTIVILLE LOOP
WALLACE ID 83873

JANET HOWARD
130 ZANETTIVILLE LOOP
WALLACE ID 83873

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.020 CFS

The quantity of water under this right shall not exceed 13,000 gallons per day.

PRIORITY DATE: 06/01/1980

POINT OF DIVERSION: T50N R04E S21 SWNW Lot 7 Within SHOSHONE County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	06/01 10/01	0.020 CFS
Domestic use is for 4 camp trailers.		

PLACE OF USE: DOMESTIC in SHOSHONE County

T50N R04E S21 Lot 7 SWNW

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

The quantity of water decreed for this water right is not a determination of historical beneficial use.

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Property is also known as Lot 4, Cedar Hollow Addition

Parcel No. RPO09600000040

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NOTICE OF ERROR
REPLY

AUG 31 2015

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: 94-8380

MIKE HOWARD
130 ZANETTIVILLE LOOP
WALLACE ID 83873
Telephone Number: (208) 752-6921

JANET HOWARD
130 ZANETTIVILLE LOOP
WALLACE ID 83873
Telephone Number: (208) 752-6921

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: 8/26/15 SIGNATURE: Janet Howard
Please print your name: Janet Howard

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