

RECEIVED

SEP 11 2015

DEPARTMENT OF
WATER RESOURCES

07/07/2015

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: 94-8291

TERRANN TESTER
1251 EAGLE CREEK RD
WALLACE ID 83873
Telephone Number: (208) 682-4003

GRANT TESTER
1251 EAGLE CREEK RD
WALLACE ID 83873
Telephone Number: (208) 682-4003

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: 9/06/2015 SIGNATURE: Terrann Tester
Please print your name: Terrann Tester

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