

02/09/2018

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: March 30, 2018

Water right number: 95-8860

POE ASPHALT PAVING INC

PO BOX 449

LEWISTON ID 83501-0449

Telephone Number: 5097585561

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

QUANTITY: REVISE/AMEND TO 0.84 CFS, 93.4 AF
TO MATCH LICENSE.

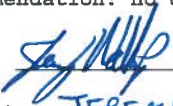
2. Describe the changes you wish to make in the proposed recommendation:

AMEND CLAIM TO MATCH LICENSE.

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: 2/20/2018

SIGNATURE: 

Please print your name: JEREMY WALZUP

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D ALENE, ID 83815-7763, (208) 762-2800