

**NOTICE OF ERROR
REPLY****FEB 23 2018****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: March 30, 2018

Water right number: 95-15611

LUDWIG H GREVE
PO BOX 514
BAYVIEW ID 83803
Telephone Number: 2086834206

LINDA S GREVE
PO BOX 514
BAYVIEW ID 83803
Telephone Number: 2086834206

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: Feb 19, 2018 SIGNATURE: Ludwig H Greve Linda S Greve
Please print your name: Ludwig H. Greve
Linda S. Greve

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