

RECEIVED

MAR 07 2018

02/09/2018

NOTICE OF ERROR
REPLY

IDWR/NORTHERN

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: 95-16464

TRINITY WELL USERS ASSN

PO BOX 886

ATHOL ID 83801

Telephone Number: 2086834110

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: 3-7-18 SIGNATURE: Melody A. Jones

Please print your name: Melody A. Jones

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