

RECEIVED

MAR 12 2018

02/09/2018

DEPARTMENT OF
WATER RESOURCES

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: 95-7609

TIM LEAVITT
3317 S GARFIELD ST
KENNEWICK WA 99337

SANDRA LEAVITT
3317 S GARFIELD ST
KENNEWICK WA 99337

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:

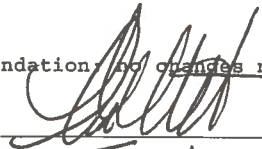
3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation, no changes need to be made.

DATE:

3/6/18

SIGNATURE:



Please print your name:

Tim Leavitt

IDWR Regional Office, 7600 N MINERAL DR STE 100, COEUR D ALENE, ID 83815-7763, (2080 762-2800