

02/09/2018

RECEIVED

MAR 12 2018

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

DEPARTMENT OF
WATER RESOURCES

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: 95-9717

SWARTOUT FAMILY TRUST
PO BOX 30009
SPOKANE WA 99223

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:

X I AGREE with this proposed recommendation: no changes need to be made.

DATE: 3/8/2018 SIGNATURE: BEN SWARTOUT
Please print your name: BEN SWARTOUT, MANAGER

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