

RECEIVED

MAR 12 2018

DEPARTMENT OF
WATER RESOURCES

NOTICE OF ERROR
REPLY

02/09/2018

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: 95-12514

PETER ZAO
2806 S NORTH CAPE RD
COEUR D ALENE ID 83814
Telephone Number: 2086618899

CHERI ZAO
2806 S NORTH CAPE RD
COEUR D ALENE ID 83814
Telephone Number: 2086618899

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

QUANTITY - ORIGINAL REQUEST TOO LOW
PURPOSE OF USE: 2 HOMES (DUPLEX) DOMESTIC

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

CHANGE QUANTITY FROM 0.010 CFS TO 0.040 CFS
CHANGE PURPOSE OF USE FROM 1 HOME TO 2 HOMES

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

WE ATTENDED THE PRESENTATION AT I.S.P. OFFICE ON 3-6-18. WE DISCOVERED THE TYPICAL QUANTITY OF DOMESTIC WATER USE IS 0.040 CFS NOT THE 0.010 CFS ON THE ORIGINAL APPLICATION. ALSO WE HAVE A DUPLEX, WHICH IS 2 HOMES NOT 1

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

DATE: 3-7-2018

SIGNATURE:



Please print your name: PETER Z.R. ZAO

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

PLEASE SEE THE ATTACHED ORIGINAL CLAIM FORM WE SUBMITTED IN 2010. WE HAVE MADE THE CORRECTIONS ON THAT CLAIM, AND INITIALED EACH LINE.

THANK YOU,

PETER ZAO