

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: 95-15207

VICKI A WARNER
36205 LODGE ROAD
TOLLHOUSE CA 93667 **559-285-4758**
Telephone Number: ~~559~~2854758

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

QUANTITY & PURPOSE

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

AMT TO INCREASE TO 0.040 CFS which
26,000 GAL./day. - IS 18 gal/min.
AMT PUMP PUTS OUT

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

IF IN DUE TIME WELLS ARE MONITORED
2 DWELLINGS
ACTUAL OUTPUT OF PUMP NEEDS ADDRESSSED

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

DATE: 3/24/18 SIGNATURE: Vicki Warner
Please print your name: VICKI WARNER