

RECEIVED

MAY 02 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: 95-1083

JAMES P MANGAN

9802 W THOMPSON RD

COEUR D ALENE ID 83814

Telephone Number: ~~208 765 1628~~ 208 660 7956

JULIA B MANGAN

9802 W THOMPSON RD

COEUR D ALENE ID 83814

Telephone Number: ~~208 765 1628~~ 208 661 5375

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: MAR. 5, 2018 SIGNATURE: James Mangan
Please print your name: JAMES MANGAN

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