

NOTICE OF ERROR
REPLY

RECEIVED
10/05/2018
OCT 19 2018
DEPARTMENT OF
WATER RESOURCES

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: November 16, 2018

Water right number: 95-14165

JAMES M KEANE
3916 SW COUNCIL CREST DR
PORTLAND OR 97239
Telephone Number: 5032230824

JUDITH N KEANE
3916 SW COUNCIL CREST DR
PORTLAND OR 97239
Telephone Number: 5032230824

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

[Handwritten mark]

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

[Handwritten mark]

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

[Handwritten mark]

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

DATE: 10-15-18 SIGNATURE: James M. Keane

Please print your name: JAMES M. KEANE

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