

RECEIVED
10/05/2018
OCT 26 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: November 16, 2018

Water right number: 95-4163

ARNOLD HOLMAN
PO BOX 663
MEDICAL LAKE WA 99022
Telephone Number: 5092997297

ETTA HOLMAN
PO BOX 663
MEDICAL LAKE WA 99022
Telephone Number: 5092997297

CARNEY HOLMAN
~~PO BOX 663~~ 6804 EAST ST4
~~MEDICAL LAKE WA 99022~~ SPOKANE, WA. 99212
Telephone Number: ~~5092997297~~
509 924 2070

HOLLY HOLMAN
PO BOX 663
MEDICAL LAKE WA 99022
Telephone Number: 5092997297

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:
Please make change to above address & phone number
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: 10/23/18 SIGNATURE: Holly Holman
Please print your name: Holly Holman

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