

RECEIVED
10/05/2018
OCT 29 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: 95-13531

DAVID GRASER
9240 W ROCKFORD BAY RD
COEUR D ALENE ID 83814

LYNN GRASER
9240 W ROCKFORD BAY RD
COEUR D ALENE ID 83814

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: 10/14/2018

SIGNATURE:

David Graser Lynn Graser

Please print your name:

David Graser / Lynn Graser

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