

RECEIVED

OCT 29 2018

10/05/2018

IDWR/NORTHERN

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 95-15268

not mine

NAME AND ADDRESS: THOMAS M FRITZ
4415 S TAMPA DR
SPOKANE WA 99223

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.040 CFS

The quantity of water under Right Nos. 95-15268 and 95-15270 shall not exceed 13,000 gallons per day.

PRIORITY DATE: 05/20/1999

POINT OF DIVERSION:

T48N R04W S28 NESE Lot 2 Within KOOTENAI County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.040 CFS

Domestic use is for 1 home.

PLACE OF USE: DOMESTIC in KOOTENAI County

T48N R04W S28

NESE

T48N R04W S28 Lot 2 NESE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

The quantity of water decreed for this water right is not a determination of historical beneficial use.

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Property is also known as Lot 18, Webbs East Point Subdivision.

Parcel No. 085200000180

*This parcel is now owned by:
Alexander T. Fritz
(509) 251-4832*

10/05/2018

**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: 95-15268

THOMAS M FRITZ
4415 S TAMPA DR
SPOKANE WA 99223
Telephone Number: 5099991801

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: _____ SIGNATURE: _____

Please print your name: _____

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