

RECEIVED
OCT 29 2018
IDWR/NORTHERN

10/05/2018

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

RIGHT NUMBER: 95-15270 *not mine*

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

SOURCE: COEUR D ALENE LAKE

TRIBUTARY: SPOKANE RIVER

QUANTITY: 0.030 CFS

PRIORITY DATE: 12/31/1961

POINT OF DIVERSION:
T48N R04W S28 NESE Within KOOTENAI County

PURPOSE AND
PERIOD OF USE:

	<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
	IRRIGATION	03/15 11/15	0.030 CFS
PLACE OF USE:	<u>IRRIGATION in KOOTENAI County</u>		
	T48N R04W S28	NESE 0.10	T48N R04W S28 Lot 2 NESE 0.30
	0.4 ACRES TOTAL		

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

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

Parcel No. 085200000180

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

*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: 95-15270

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