

10/05/2018  
**RECEIVED**  
**NOV 09 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: 95-13125

GROVER GARVIN

PO BOX 115

COEUR D ALENE ID 83816

Telephone Number: 2087550070

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: Nov 5, 2018

SIGNATURE: \_\_\_\_\_

Please print your name: \_\_\_\_\_

GROVER GARVIN

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