

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: 95-14425

SHAWN ELLISON

~~4201 LAUREL AVE~~

COEUR D ALENE ID 83815

Telephone Number: 2088185757

LISA ELLISON

~~4201 LAUREL AVE~~

COEUR D ALENE ID 83815

Telephone Number: 2088185757

RECEIVED

NOV 20 2018

IDWR/NORTH

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source): See Address Change above *

Period of use 01/01 12/31 - All year

2. Describe the changes you wish to make in the proposed recommendation:

Domestic Period of Use is Jan 01 to Dec 31 - 12 months

3. Give a brief explanation as to why you disagree with these portions:

We use Domestic water for this all year long
Home

 I AGREE with this proposed recommendation: no changes need to be made. see changes

DATE:

11/16/18

SIGNATURE:

Shawn Ellison

Please print your name:

Shawn Ellison

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

Kayla