

04/10/2021

RECEIVED

APR 27 2021

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: 6/25/2021

Water right number: 87-10658

CASEY BLOOD

1041 DUFFIELD FLAT RD

POTLATCH ID 83855

Telephone Number: (208) 596-8561

CATHY BLOOD

1041 DUFFIELD FLAT RD

POTLATCH ID 83855

Telephone Number: (208) 874-3261

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:

CB

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

DATE: 4-22-21 SIGNATURE: *Casey Blood*

Please print your name: Casey Blood

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