



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

1250 W Alder St • Union Gap, WA 98903-0009 • (509) 575-2490

December 1, 2015

Gebbers Farms
Attn: Tory Wulf
PO Box 7
Brewster WA 98812-0007

Re: **Amended Seasonal Water Right Application Nos. CS4-069705CL and CS4-SWC00380**

Dear Mr. Wulf:

Please find the Amended rejection letter for your records. This letter is to amend the subject line to read "Seasonal Water Right Application Nos. CS4-069705CL and CS4-SWC00380."

Thank you for applying for a seasonal change water right. The period of use requested has passed for the following Seasonal Change Application Nos.

Application No.	Period of Use
CS4-069705CL	2015 irrigation season
CS4-SWC00380	2015 irrigation season

The Department of Ecology was unable to process your applications within relevant time frame. The above listed applications are hereby **rejected**.

YOUR RIGHT TO APPEAL

You have a right to appeal this decision to the Pollution Control Hearings Board (PCHB) within 30 days of the date of receipt of this decision. The appeal process is governed by Chapter 43.21B RCW and Chapter 371-08 WAC. "Date of receipt" is defined in RCW 43.21B.001(2).

To appeal you must do the following within 30 days of the date of receipt of this decision:

- File your appeal and a copy of this decision with the PCHB (see addresses below). Filing means actual receipt by the PCHB during regular business hours.
- Serve a copy of your appeal and this decision on Ecology in paper form - by mail or in person. (See addresses below.) E-mail is not accepted.

FILE COPY



Mr. Tory Wulf
Gebbers Farms
December 1, 2015
Page 2

You must also comply with other applicable requirements in Chapter 43.21B RCW and Chapter 371-08 WAC.

ADDRESS AND LOCATION INFORMATION

Street Addresses	Mailing Addresses
Department of Ecology Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey, WA 98503	Department of Ecology Attn: Appeals Processing Desk PO Box 47608 Olympia, WA 98504-7608
Pollution Control Hearings Board 1111 Israel Road SW Ste 301 Tumwater, WA 98501	Pollution Control Hearings Board PO Box 40903 Olympia, WA 98504-0903

For additional information visit the Environmental Hearings Office Website: <http://www.eho.wa.gov>
To find laws and agency rules visit the Washington State Legislature Website: <http://www.leg.wa.gov/CodeReviser>

If you have any questions, please contact Praveena Allena at (509) 454-4242 or email at praveena.allena@ecy.wa.gov.

Sincerely,



Mark C. Schuppe
Operations Manager
Office of Columbia River

MCS:PA:aa (151201)

Enclosure: *Your Right to Be Heard*

OFFICE OF COLUMBIA RIVER ROUTER

Mark Box AND Fill in the Blank:

Public/Legal Notice Rejection ROE Permit Certificate

Cancel Or. Sea. Change TW Other

File No.: CS4-069705CL Applicant: Gebbers Farms

Project: No Yes Author/Date: Praveena / 7-25-15

GWIS initials/date: _____ QA/QC Review Group: _____

GWIS remarks & edits: _____ County: Okanogan PROTESTS? Yes No

Appeal Lang: Yakima (Surface Water - WRIA 37, 38, 39)

Circle WRIA Regular (All other locations)

cc: _____

Certified cc: _____

TRIBE	WRIA
Colville Confederated Tribes <i>Lois Trevino</i>	<u>49</u> 50 51 52 53 58 60 61
Yakama Nation <i>Philip Rigdon</i>	29 30 31 32 33 37 38 39 40
Both Tribes	45 46 47 48

PUBLIC/LEGAL NOTICE

Public Notice (Applicant)

Legal Notice (Ecology)

Section Manager (initial & date)

DCS 7/24/15

REJECTION

Peer Reviewer (initial & date)

LH 11/20/15

Permit Writer (initial & date)

11/20/15 [Signature]

Section Manager (initial & date)

DCS 11/23/15

REPORT OF EXAMINATION

DRAFT ROE

Peer Reviewer (initial & date)

Permit Writer (initial & date)

Section Manager (initial & date)

FINAL ROE

Peer Reviewer (initial & date)

Permit Writer (initial & date)

Section Manager (initial & date)

PERMIT

Peer Reviewer (initial & date)

Permit Writer (initial & date)

Section Manager (initial & date)

CERTIFICATE

Recording Index Sheet

Certified Mail?

Peer Reviewer (initial & date)

Permit Writer (initial & date)

Section Manager (initial & date)

CANCELLATION ORDER

Certified Mail?

Order?

Docket Number?

Permit Writer (initial & date)

Section Manager (initial & date)

Additional Enclosures:

- _____
- _____
- _____
- _____
- _____

SEASONAL CHANGE

ROE Format?

Letter Format?

Permit Writer (initial & date)

Section Manager (initial & date)

TRUST WATER

Donation Extension

Permit Writer (initial & date)

Section Manager (initial & date)

OTHER

Permit Writer (initial & date)

Section Manager (initial & date)



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

1250 W Alder St • Union Gap, WA 98903-0009 • (509) 575-2490

November 25, 2015

Gebbers Farms
Attn: Tory Wulf
PO Box 7
Brewster WA 98812-0007

Re: Seasonal Water Right Application Nos. CG4-148991CL and CG4-148991CL@1

Dear Mr. Wulf:

Thank you for applying for a seasonal change water right. The period of use requested has passed for the following Seasonal Change Application Nos.

Application No.	Period of Use
CS4-069705CL	2015 irrigation season
CS4-SWC00380	2015 irrigation season

The Department of Ecology was unable to process your applications within the relevant time frame. The above listed applications are hereby **rejected**.

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FILE COPY



Mr. Tory Wulf
Gebbers Farms
11/25/2015
Page 2 of 2

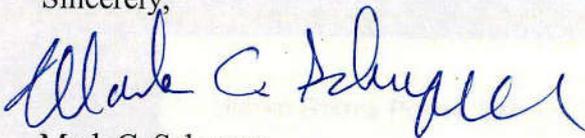
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If you have any questions, please contact Praveena Allena at (509) 454-4242.

Sincerely,



Mark C. Schuppe
Operations Manager
Office of Columbia River

MCS:PA;aa (151110)

Enclosure: *Your Right to Be Heard*

By certified mail: 7010 0290 0000 7126 8368

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Extra) _____

Postmark Here

GEBBERS FARMS, INC.
 ATTN: TORY WULF
 PO BOX 7
 BREWSTER WA 98812-0007

PS Form 3800, August 2006 See Reverse for Instructions

7010 0290 0000 7126 8368

151110 CG4-148991CL & CG4-148991CL01

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) T. Wulf</p> <p>C. Date of Delivery 12-1-15</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below. <input type="checkbox"/> No</p>
GEBBERS FARMS, INC. ATTN: TORY WULF PO BOX 7 BREWSTER WA 98812-0007	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7010 0290 0000 7126 8368

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540