



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

15 W Yakima Ave, Ste 200 • Yakima, WA 98902-3452 • (509) 575-2490

November 8, 2011

Alfred and Marilyn Mus
1661 Harbor Ave SW #402
Seattle, WA 98126

Dear Mr. and Ms. Mus:

The purpose of this letter is to acknowledge the Department of Ecology's acceptance of your donation to the Washington State Trust Water Right Program. The trust water right has been assigned Application No. CS4-23733C. Please refer to this number when corresponding with us about this trust water right.

The Department of Ecology (Ecology), pursuant to RCW 90.42.080(1)(b), accepts your donation in the amount of 1.012 cubic feet per second and 225 acre-feet per year. The purpose of the donation is to benefit instream flow in the Columbia River (Lake Entiat) from April 1, 2011 to October 15, 2015.

This trust water right expires on December 31, 2015.

This trust water right is made possible by the fallowing of 45 acres, at the recorded place of use, located within the N $\frac{1}{2}$ N $\frac{1}{2}$ of Section 21, T. 26 N., R.21 E.W.M., Parcel No. 9670000100.

RCW 90.42.080 provides in part that the total of any portion of the water right remaining with the donor plus the donated portion of the water right may not exceed the extent to which the water right was exercised during the five years before the donation.

In accordance with RCW 90.42.040(6), RCW 90.14.140(h), and RCW 90.14.215, a water right is not subject to relinquishment while it is managed within the Trust Water Right Program.

Ecology's acceptance of the donated water right into the trust water right program is not evidence of the validity or quantity of the right. When the period of trust ends, the water right will revert back to the water right holder or landowner in the full quantity accepted into the trust water program and for the original purposes.

If, prior to expiration of this temporary donation, you would like to extend the temporary donation, please send us a written request. Also, if you wish to modify any terms of your donation, your letter must include the new terms. Ecology will review your request and any new or modified terms and conditions and will notify you whether the donation can be extended or terminated.

If you have questions or concerns, please call the Central Region's Trust Water Coordinator, Patricia Kirk at (509) 249-6299.

FILE COPY



YOUR RIGHT TO APPEAL

You have a right to appeal this decision to the Pollution Control Hearing 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.

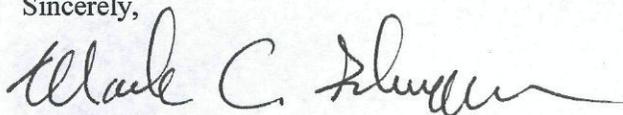
You must also comply with other applicable requirements in Chapter 43.21B RCW and Chapter 371-08 WAC.

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 RD 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>

Sincerely,



Mark C. Schuppe
Operations Manager
Office of Columbia River

PK:MSC:RAZ (111115)

Enclosure: Your Right To Be Heard

Certified Mail: 7007 2560 0001 7675 5745

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ALFRED AND MARILYN MUS
1661 HARBOR AVE SW #402
SEATTLE WA 98126

Sent i
 Street
 or PO
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

CS4-237330 11115

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. <i>ZAHNER</i> 	<p>A. Signature <input checked="" type="checkbox"/> Agent <i>X</i> <i>Andriette Th...</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>11-10-11</i></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>
1. Article Addressed to:	3. Service Type
ALFRED AND MARILYN MUS 1661 HARBOR AVE SW #402 SEATTLE WA 98126	<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.
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7007 2560 0001 7675 5745
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540