

RECEIPT

Department of Ecology (4610)
PO Box 47611
Olympia, WA 98504-7611
(360) 407-7095

Receipt Number
Manual Receipt

12CJ014589

Document Number 461R1056 CJ Date 03/07/2012 FM 09

Remitter Name AMERITITLE Receipt Name KUHN, DAVID

Check/Draw Number 40602

64-35527

Document Amount 120.38

Method of Payment Check

Comment Description SUNCADIA

REF NR	DOC NR	REF DOC SFX	INV NR	ID NR	SUB ID NR	T	C	R	FUND	MAJ GRP	MAG SRC	SUB SRC	CNTY	WORK CLS	PIC	AI	ORG	PRJ	SUB PRJ	PRJ PHS	SUB OBJ	SUB SUB OBJ	VAR GL	SUB DR	SID CR	ALLOC	AMT
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WATER BUDGET NEUTRALITY (WBN) REVIEW ROUTER

- WBN DETERMINATION Letter
- WBN REJECT & RETURN Letter
- AMENDED: _____
- Other: _____
- WBN REPORT OF EXAMINATION
- WBN DENIAL Letter
- EXCHANGE CONTRACT Assignment Form

File No.: 64-35527
 Author/Date: J Walker 12-21-11
 SharePoint: >WBN Templates and Tools> Draft Letters

WRIA: 39 COUNTY: Kittitas

Remarks, Special Instructions, Related Files:
 Please use Back of Page.

Dates drafted/edited (Admin): _____

Certified cc's (Check application signatures):

GWIS Mapping Review (review changes BEFORE final)
 GWIS initials/date: ML 1/23/2012
 GWIS remarks & edits (if more room is needed use back of page):

Trust Water Right Debited: 1-17-12 JW
 Permit Writer (Initial and Date)

cc's & Protestants (more room on back of page)

- Suncadia, LLC
- Yakama Nation
- Colville Confederated Tribes
- Joe Mentor, Jr. (email: mentor@mentorlaw.com)
- Jessica Kuchan (email: Kuchan@mentorlaw.com)
- James Rivard, Kittitas Co. Health Dept. (1-9 Connections)
 (email: environmentalhealth@co.kittitas.wa.us)
- WA State DOH, Heather Cannon (more than 9 Connections)

~~Melissa Downes
 Operations Sup. (Initial/Date indicate DRAFT ROE is ready to post)
 Tom Mackie
 Technical Sup. (Initial/Date indicate DRAFT ROE is ready to post)
 ACTING Section Mgr
 Section Mgr (Initial/Date indicate DRAFT ROE is ready to post)
 Email pdf to Chris Anderson, HQ to Post to Net:~~

Other: _____

~~Melissa Downes MSA DOWNES 01-24-2012
 Op. Sup (Initial/Date FINAL ROE is ready for Posting/Mailing)
 And Posting
 Tom Mackie X X X
 Tech Sup (Initial/Date FINAL ROE is ready for Posting/Mailing)~~

Attachments:

- Your Right to Be Heard
- PTO appeal? No Your Right to Be Heard
- BC, CC, PA forms _____
- Water Measurement Requirements & Form 1
- Fish Screening Criteria
- Focus on Water Right Relinquishment (98-1812-WR)
- Other: Advisory letter white

ACTING Section Mgr ME 1/24/12
 Section Mgr (Initial/Date FINAL ROE is ready for Posting/Mailing)

Email pdf to Chris Anderson, HQ to Post to Net: 1-24-12

Date Doc mailed: 1-24-12
 (Admn initial/date when doc is finalized & mailed)

Comments/Notes may be made on back of page.

Exchange Contract reviewed by: MMW 01-24-12
 (Section Manager Initial/Date); Admin: Send to USBR

U.S. Postal Service™

CERTIFIED MAIL™ RECEIPT

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Sent To David + Adrienne Kuhn
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

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 checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p>DAVID & ADRIENNE KUHN 1712 SKYLINE RIDGE LN SW TUMWATER WA 98512-1441</p> <p>WR/gg WBN Det G4-35527</p>	<p>B. Received by (Printed Name) <u>David Kuhn</u></p>	
	<p>C. Date of Delivery <u>2/2/12</u></p>	
<p>2. Article Number (Transfer from service label)</p> <p>7007 2560 0001 9535 6114</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>	
	<p>3. Service Type</p> <p><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>		
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		