KIH 11-10

CONSERVANCY BOARD DECISION REVIEW ROUTER

File No.: CS4-05216sb5a

Author/Date: J. Kirk 6/25/12

Y:\Staff

SharePoint >

Staff	*Function*	*Date*	*Initial*
~~Glenda:~~ Shelly	Internet & Letter	6/28/12	SS
Sandy:	WRTS	6/29	[illegible]
Debra:	GWIS (initial/date): vlk 7/2/12		
Permit Writer:	WTWG Summary		
Hydrogeo:			
30-Day Ext Letter			

45-Day ends: August 4, 2012*

30-Day Extension ends: Sept. 3, 2012

GWIS remarks & edits (if more room is needed use back of page):

Please add language on location of end of primary / Start of secondary. vlk

Section Mgr: [signature] 8/28/12

Mail out/date (Admin): 45-DAY 6/28/12
30 day ext. 8-2-12
MOD mailed 8-28-12 SS

Circle appropriate WRIA:

County:

TRIBE	WRIA
Colville Confederated Tribes	49 50 51 52 53 58 60 61
Yakama Nation	29 30 31 32 33 37 38 39 40
Both Tribes	45 46 47 48

PROTESTS? ☐ Yes ☑ No

Certified CCs: (Check application signatures)

CCs to anyone else? (Please list cc's & protestants):
If more room is needed, use back of page.

Chery Varnum, Kittitas Co CB
Philip Rigdon, Yakama Nation
Lawrence Martin, Attorney
Jessica Kuehan, Attorney
Mentor Law Group.

SEPT 3 = HOLIDAY
SO REAL DROP
DEAD DATE IS
FRIDAY, AUG 31.
⇓

M... dm\Rivers)
N...
A... Data Source: ☐

Remarks or Related Files (Need more space? Use back of page):

* August 3 is last buisness Day.

Attachments:
- ☐ Your Right to Be Heard
- ☐ PTO appeal? **No Your Right to Be Heard**
- ☐ BC, CC, PA forms _____
- ☐ Water Measurement Requirements
- ☐ Fish Screening Criteria
- ☐ Other: _____

SEE BACK FOR FURTHER INFORMATION

7009 2250 0004 4952 1811

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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	$

Postmark Here

Sent To: George & Diane Burchak
Street, Apt. No.; or PO Box No.: CSH-05216sb5a (KITT-11-10)
City, State, ZIP+4:

PS Form 3800, August 2006 — See Reverse for Instructions

SENDER: *COMPLETE THIS SECTION*

- 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.

1. Article Addressed to:

GEORGE & DIANE BURCHAK
1941 MOHAR RD
CLE ELUM WA 98922-8972
WR/ss CS4-05216sb5a (KITT-11-10)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Diane E Burchak ☐ Agent ☐ Addressee

B. Received by (Printed Name) Diane E Burchak
C. Date of Delivery 8-30-12

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? *(Extra Fee)* ☐ Yes

2. Article Number *(Transfer from service label)* 7009 2250 0004 4952 1811

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