

BENT-11-21

### CONSERVANCY BOARD DECISION REVIEW ROUTER

File No.: CS4-25639(I)@1

Author/Date: Hutton

Sharepoint > WR Documents

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Circle appropriate WRIA:

County: Benton

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

PROTESTS?  Yes  No

Certified CCs: (Check application signatures)

| Staff             | Function                       | Date              | Initial |
|-------------------|--------------------------------|-------------------|---------|
| Glenda:           | <del>Internet</del> & Letter ✓ | 3/20              |         |
| Sandy:            | WRTS                           | 3/20/12           | 2       |
| Debra:            | GWIS (initial/date):           | <u>AK 3/22/12</u> |         |
| Permit Writer:    | WTWG Summary                   |                   |         |
| Hydrogeo:         |                                |                   |         |
| 30-Day Ext Letter |                                |                   |         |

CCs to anyone else? (Please list cc's & protestants):

If more room is needed, use back of page.

ERO J. Rayala email/pdf  
YN  
Benton CB, D. Olsen

45-Day ends: 4-23-2012

30-Day Extension ends:

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

Minimum Flow River List? (Y:\Adm\Rivers)

Name of River

Add name to the appropriate River Data Source:

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

45 Day letter mailed 3/13/2012 -BA

Section Mgr: ALCS 4/19/12

Mail out/date (Admin): 4.19.2012

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



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**OFFICIAL USE**

7010 0290 0000 7131 1101

|   |    |                               |
|---|----|-------------------------------|
| Postage   | \$ | BENT-11-17                    |
| Certified Fee                                     |    | 11-11-18                      |
| Return Receipt Fee<br>(Endorsement Required)      |    | 11-11-19<br>Postmark Here     |
| Restricted Delivery Fee<br>(Endorsement Required) |    | " 11-20                       |
| Total Postage & Fees                              | \$ | " 11-21<br>" 11-22<br>" 11-23 |

Sent to: *Mercer Canyons Inc*  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

~~CS4-01344(A)C@1 (BENT-11-17)~~ CS4-30053(A)C@1 (BENT-11-18)  
 CS4-30053(K)C@1 (BENT-11-19) CS4-30053(P)P@1 (BENT-11-20)  
 CS4-25639(I)C@1 (BENT-11-21) CS4-25639(P)C@1 (BENT-11-22)  
 CS4-25639(S)C@1 (BENT 11-23)  
 Green Card is in CS4-01344(A)C@1 (BENT-11-17)

| SENDER: COMPLETE THIS SECTION  | COMPLETE THIS SECTION ON DELIVERY  |
|--|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> | <p>A. Signature<br/>                 X <i>A. Rios</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>A. Rios</i> C. Date of Delivery <i>4-23</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>                 If YES, enter delivery address below: <input type="checkbox"/> No</p> |
| <p>1. Article Addressed to:</p> <p>MERCER CANYONS INC<br/>                 ATTN: ROBERT MERCER<br/>                 46 SONOVA RD<br/>                 PROSSER WA 99350</p> <p>WR/gg BENT-11-17 (17 thru 23) CS4-01344(A)C@1</p>  | <p>3. Service Type<br/> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br/> <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise<br/> <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>                 |
| <p>2. Article Number<br/>                 (Transfer from service label)</p>  | <p>7010 0290 0000 7131 1101</p>  |