

REPORT OF EXAMINATION & POSTING ROUTER

ROE ROE for Change

TW Donation TW Extension

WR Doc ID: _____

PROTESTS? Yes No

File No.: CS4-01745 Ash 7a

Circle appropriate WRIA. County:

Author/Date: Debra Kroon

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

QA/QC Review Group: _____

(Date)

SharePoint > WRDOCS\TRUST Donation\Taylor\Kroon

Taylor - 01745 Ash 7a

Y:\Staff\ _____

Certified CCs: (Check application signatures)

Unit Supervisor: _____

(Initial & date - Begin routing.)

Dates drafted/edited (Admin): _____

CCs to anyone else? Please list cc's & protestants - more room on back

Reviewer/Date _____

(Reviewer please comment on back of page)

Philip Bigdon YN
Jeff Sotlower, Attorney

GWIS Mapping Review (review changes BEFORE final)

GWIS initials/date: _____

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:

Attachments:

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

Permit Writer: _____

(Initial & date - ROE DRAFT ready for 30-day posting to Web.)

Unit Supervisor: JK 5/17/13

(Initial & date - ROE DRAFT ready for 30-day posting to Web.)

Section Manager: NR 5/21/13

(Initial & date: ROE DRAFT is ready for 30-day posting to Web)

FINAL ROE mail out & post 60-days to Web [Admin]: _____

DRAFT ROE post 30-days to Web initial & date (Admin): _____

Remarks or Related Files (More space on back of page):

Permit Writer _____

(Initial & date - FINAL ROE ready for mail/posting.)

Yakima Basin - No Post

Unit Sup (Consider Comments): _____

(Initial & date - FINAL ROE ready for mail/posting.)

Section Manager: _____

(Initial & date: FINAL ROE is ready for mail/posting.)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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For delivery information visit our website at www.usps.com®

OFFICIAL USE

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

Postmark Here
Mailed 5/21/13

Sent To: *Taylor Ranches*
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
CS4-01745Asb7a & b

PS Form 3800, August 2006 See Reverse for Instructions

*ORIGINAL in
 CS4-01745Asb7a*

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"/> <i>Pat Taylor</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	<p>B. Received by (Printed Name) <i>Pat Taylor</i></p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px;"> <p>TAYLOR RANCHES, LLC 3012 HIGHWAY 97 ELLENSBURG, WA 98926 WR/ss TWD CS4-01745Asb7a & b 5/21/13</p> </div>	<p>C. Date of Delivery <i>5/22/13</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>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type</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>7010 0290 0000 7131 2818</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt</p>	<p>102595-02-M-1540</p>