



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

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

June 11, 2013

A. Donald Jamtaas  
16234 S Lakeshore Rd  
Chelan, WA 98816-9368

RE: Trust Water Donation CS4-00196(A)

Dear Mr. Jamtaas:

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. CS4-00196(A). 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, as summarized below:

<b>Benefiting Waterbody</b>	Lake Chelan
<b>Purpose</b>	Instream Flow
<b>Rate</b>	0.0 Cubic Feet Per Second
<b>Acre-Foot Per Year</b>	6.0
<b>Season</b>	May 01 through October 31, 2013
<b>Water Right Place of Use</b>	Govt. Lot 5 and the SW $\frac{1}{4}$ SE $\frac{1}{4}$ Section 33, T. 29 N., R. 21 E.W.M.

**Trust Water Expiration Date: December 31, 2013**

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

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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 contact Scott Turner at (509) 457-7106 or STUR461@ecy.wa.gov.

#### **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**

<b>Street Addresses</b>	<b>Mailing Addresses</b>
<b>Department of Ecology</b> Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey WA 98503	<b>Department of Ecology</b> Attn: Appeals Processing Desk PO Box 47608 Olympia WA 98504-7608
<b>Pollution Control Hearings Board</b> 1111 Israel Road SW Ste 301 Tumwater WA 98501	<b>Pollution Control Hearings Board</b> 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>

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A. Donald Jamtaas  
TW Donation File No. CS4-00196(A)  
June 11, 2013  
Page 3 of 3

Sincerely,



Mark Kemner, LHG, Section Manager  
Water Resources Program/CRO

MK:ST:ss/130602

Enclosure(s): Your Right To Be Heard

By certified mail: 7010 0190 0000 7131 2863

cc: Lois Trevino, Water Administrator, Colville Confederated Tribes  
Philip Rigdon, Director Natural Resources Division Yakama Nation

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*mailed*  
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*6/12/13*

Sent To A. DONALD JAMTAAS  
 Street, Apt. No., or PO Box No.  
 City, State, ZIP+4 CS4-00196(A)

PS Form 3800, August 2006 See Reverse for Instructions

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  <input checked="" type="checkbox"/> <i>A. Donald Jamtaas</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>A. DONALD JAMTAAS</u> C. Date of Delivery <u>6-15-13</u></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>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p><b>A. DONALD JAMTAAS</b>                      16234 S LAKESHORE RD                      CHELAN, WA 98816-9368                      WR/ss TWD CS4-00196(A) 6/12/13</p> </div>	<p>3. Service Type  <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>2. Article Number                  (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7010 0290 0000 7131 2863</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	