



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

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

June 11, 2013

Jeffers Danielson Sonn & Aylward PS-DLD  
Donald L. Dimmitt, Attorney  
PO Box 1688  
Wenatchee, WA 98807-1688

RE: Trust Water Donation CS4-006963CL@1

Dear Mr. Dimmitt:

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. CS4-006963CL@1. 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>	Columbia River
<b>Purpose:</b>	Instream Flow
<b>Rate:</b>	Cubic Feet Per Second
<b>Acre-Feet Per Year:</b>	91.85
<b>Season:</b>	04/01 - 10/31
<b>Water Right Place of Use:</b>	The place of use (POU) of this water right is the service area described in the most recent Water System Plan/Small Water System Management Program approved by the Washington State Department of Health, so long as the water right holder is and remains in compliance with the criteria in RCW 90.03.386(2). RCW 90.03.386 may have the effect of revising the place of use of this water right in Section 16, T. 26 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.

**FILE COPY**

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 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 Sage Park at (509) 454-7647 or SUEB461@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 all of 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**

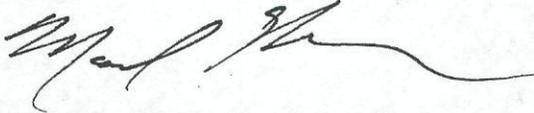
<b>Street Addresses</b>	<b>Mailing Addresses</b>
<b>Department of Ecology</b> Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey WA 98503	<b>Department of Ecology</b> Attn: Appeals Processing Desk PO Box 47608 Olympia WA 98504-7608
<b>Pollution Control Hearings Board</b> 1111 Israel Road SW, Suite 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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Donald L. Dimmitt for Harris Orchard Co. LP  
TW Donation File No. CS4-006963CL@1  
June 11, 2013  
Page 3 of 3

Sincerely,



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

MK:SP:ss/130603

Attachments: Your Right To Be Heard

Certified Mail: 7010 0290 0000 7131 2887

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

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**OFFICIAL USE**

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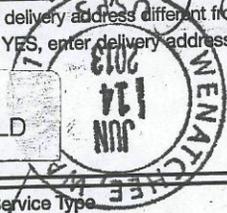
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

*Mailed*  
 Postmark Here  
*6/12/13*

Sent To HARRIS Orchard Co LP  
 Street, Apt. No., or PO Box No. c/o Donald M. Dimmitt  
 City, State, ZIP+4 CS4-006962CL@1 43CL@1

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>Nicole M. Reed</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Nicole M. Reed</u> C. Date of Delivery</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> <p>JEFFERS DANIELSON SONN &amp; AYLWARD PS-DLD                  DONALD L. DIMMITT, ATTORNEY                  PO BOX 1688                  WENATCHEE, WA 98807-1688                  WR/SS TWD CS4-006962CL@1 and 3CL@1 6/12/13</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>2. Article Number                  (Transfer from service label)</p> <p>7010 0290 0000 7131 2887</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



*ORIGINAL IN CS4-006962CL@1*