

REPORT OF EXAMINATION & POSTING ROUTER

ROE  ROE for Change

TW Donation  TW Extension

WR Doc ID: \_\_\_\_\_

PROTESTS?  Yes  No

File No.: CS4-WRL138366@6(A)

Circle appropriate WRIA. County:

Author/Date: Scott T. 11-29-12

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

QA/QC Review Group: \_\_\_\_\_

(Date)

SharePoint > TURNER > Donations >  
CS4-WRL138366@6(A)

Certified CCs: (Check application signatures)

Y:\Staff\ \_\_\_\_\_

Unit Supervisor: DP 12/12/12

(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)

Jeri Timm TU  
Philip Bigdon, Yakama Nation  
Lois Trevino, Colville Tribes

GWIS Mapping Review (review changes BEFORE final)

GWIS initials/date: klh 12/13/12

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

number correction sharepoint  
ok on letter

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: \_\_\_\_\_

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

Section Manager: \_\_\_\_\_

(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.)

Unit Sup (Consider Comments): \_\_\_\_\_

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

Section Manager: \_\_\_\_\_

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

Y:\Adm\Routers\ROE Review & Posting Router (12/20/2010)

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
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Here

Sent To  
 Edward & Charlotte Alkire  
 Street, Apt. No.,  
 or PO Box No. CS4-WRC138366@6(A)  
 City, State, ZIP+4 CS4-WRC138366@6(B)  
 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                  X Charlotte Olson-Alkire <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)                  Charlotte Olson-Alkire 12/27/12</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>EDWARD &amp; CHARLOTTE OLSON-ALKIRE                  20 MOUNTIAN VALLEY RD                  WINTHROP WA 98862                  WR/ss TWD CS4-WRC138366@6(A) &amp; (B) 12/17/12</p>	<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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>7009 2250 0004 4952 2115</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

ORIGINAL IN CS4-WRC138366@6(A)