

REPORT OF EXAMINATION & POSTING ROUTER

ROE ROE for Change

TW Donation TW Extension

WR Doc ID: _____

PROTESTS? Yes No

File No.: CS4-0705 CTCL sb31@2

Circle appropriate WRIA. County:

Author/Date: Scott T. 10-18-12

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

QA/QC Review Group: _____

SharePoint (Date) TURNER Donations 7

CS4-0705 CTCL sb31@2 (Wissac)

Y:\Staff\ _____

Unit Supervisor: JP 11/8/12
(Initial & date - Begin routing.)

Dates drafted/edited (Admin): _____

Certified CCs: (Check application signatures)

Reviewer/Date _____
(Reviewer please comment on back of page)

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

Philip Bigdon, YAKAMA NATION

GWIS Mapping Review (review changes BEFORE final)
GWIS initials/date: JK 11/8/12
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:

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

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: _____

Unit Supervisor: JP 11/8/12
(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.)

Yakama Basin Don't Post to internet

Unit Sup (Consider Comments): JP 11/9/12
(Initial & date - FINAL ROE ready for mail/posting.)

Section Manager: MC 11/9/12
(Initial & date: FINAL ROE is ready for mail/posting.)

U.S. Postal Service TM
CERTIFIED MAIL TM RECEIPT
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
MAILED 11/9/12

Sent To *G.H. Wisse*

Street, Apt. No., or PO Box No.

City, State, ZIP+4
CS4-0705CTCLsb31@2 & @3

PS Form 3800, August 2006 See Reverse for Instructions

7007 2560 0001 7675 7428

ORIGINAL IN CS4-0705CTCLsb31@2

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>Brenda Kelly</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brenda Kelly</i> C. Date of Delivery <i>11/13/12</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>1. Article Addressed to:</p> <p>G.H. WISSE 7021 WARGENT RD PASCO WA 99301-1982 WR/ss TW Donation 11/9/12 CS4-0705CTCLsb31@2 & CS4-0705CTCLsb31@3</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>7007 2560 0001 7675 7428</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540