

REPORT OF EXAMINATION & POSTING ROUTER

ROE ROE for Change

TW Donation TW Extension

WR Doc ID: _____

PROTESTS? Yes No

File No.: CS4-0705 CTCL S631@3

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 > TURWER > Donations > CS4-0705 CTCL S631@3 (W-seg)

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)

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):

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

Philip Rigdon, YAKAMA NATION

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

Unit Supervisor: 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)

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

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 - FINAL ROE ready for mail/posting.)

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

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

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

Remarks or Related Files (More space on back of page):
Yakama Basin - Don't Post to internet.

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

OFFICIAL USE

7007 2560 0001 7675 7428

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

Postmark
 Here
 Marked
 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

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 x <u>Brenda Kelly</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Brenda Kelly</u> C. Date of Delivery <u>11/13/12</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> <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