

December 7, 2012

State of Washington  
Department of Ecology  
15 W. Yakima Avenue  
Suite 200  
Yakima, WA 98902-3452

ATTN: Scott Turner

This letter is a request to extend our current trust water donation through 12-31-2017 on donation control numbers CS4-0705CTCLsb31@2 and CS4-0705CTCLsb31@3. If you have any questions, please contact Hank or Kelly Wisse at (509)539-7290 or (509)531-3293.

Thank You,

Hank & Kelly Wisse  
7021 W. Argent Road  
Pasco, WA 99301

**Turner, Scott (ECY)**

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**From:** doublearrowvet.net [staff@doublearrowvet.net]  
**Sent:** Friday, December 07, 2012 3:54 PM  
**To:** Turner, Scott (ECY)  
**Subject:** Water trust donation  
**Attachments:** wwwatertrust.docx

Scott the attachment is a short note requesting an extension of our water donation through 12-31-2017. Please send me some kind of confirmation for my records. Thanks Kelly Wisse

# 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 > TURNER > Donations >  
CS4-0705 CTCL sb31@2 (Wissac)

Certified CCs: (Check application signatures)

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

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

Dates drafted/edited (Admin): \_\_\_\_\_

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

Philip Rigdon, YAKAMA NATION

Reviewer/Date \_\_\_\_\_  
(Reviewer please comment on back of page)

GWIS Mapping Review (review changes BEFORE final)  
GWIS initials/date: SK 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: MP 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 Paid Post to internet

Unit Sup (Consider Comments): MP 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.)

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U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
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For delivery information visit our website at www.usps.com®

**OFFICIAL USE**

Postage	\$
Certified Fee	
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.  
*CS4-0705CTCLsb31@2 & @3*

City, State, ZIP+4

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"> <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>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 <input type="checkbox"/> No        If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>G.H. WISSE</b>  <b>7021 WARGENT RD</b>  <b>PASCO WA 99301-1982</b>        WR/ss TW Donation 11/9/12        CS4-0705CTCLsb31@2 &amp; 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>2. Article Number        (Transfer from service label)</p> <p>7007 2560 0001 7675 7428</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

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