

PERMIT & CERTIFICATE REVIEW ROUTER

- Permit (no fee)
- Superseding Permit (no fee)
- Temporary Authorization (4 months or more - more than 1 time) (fee)
- Short-Term Authorization (4 months & under; one time only) (fee)

- Certificate (fees) Applicant pays Agency pays
- Superseding Certificate Applicant pays Agency pays
- Other: _____

WR Doc ID No.: _____

File No.: 54 33035

Author/Date: ERT 2-5-13

QA/QC Review Group (Initial/date): _____

Y:\Staff _____

SharePoint > WR/permits
54-33038 Selland

GWIS Mapping Review (review changes BEFORE final)
 GWIS initials/date: _____
 GWIS remarks & edits (if more room is needed use back of page): _____

Date Letter sent to Applicant requesting fees (Cert):
 (Admin sends letter; applicant has 30 days to respond) _____

Date fees received & document sent for recording (Cert):
 (Admin sends letter/document/& check to State Auditor for recording) _____

Reviewer/Date RT
 (Initial/Date if Temp/Short Term Auth is ready for POSTING to WEB)

Supervisor/Date JP 2/11/13
 (Initials/Date indicate doc is ready for Mailing or Posting to WEB)

Section Mgr/Date MC 2/2/13
 (Initials/Date indicate doc is ready for Mailing or Posting to WEB)

Date Letter mailed: 2/12/13 ss
 (Admin initial & date when doc if finalized & mailed/posted)

Date Temp/Short Term Authorization is posted on Web:
2/12/13 ss

Circle appropriate WRIA:

County: _____

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	<u>45</u> 46 47 48

Remarks, Special Instructions, Related Files:

Certified CCs: (Check application signatures)
William Thomson

CCs to anyone else? (Please list cc's & protestants):
 If more room is needed, use back of page.
Lois Trevino, Colville Tribes
Philip Rigdon, YAKAMA NATION

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 & Form 1
 - Fish Screening Criteria
 - Important Information Sheet (Permits)
 - Other: _____

7010 0290 0000 7131 2528

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OFFICIAL USE

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

Sent To Jason Paul Selland Construction
 Street, Apt. No.;
 or PO Box No. S4-33038
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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"/> <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</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>JASON GAUL, MANAGER SELLAND CONSTRUCTION INC. PO BOX 119 WENATCHEE, WA 98807-0119 WR/ss Temp Auth S4-33038 2/12/13</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7010 0290 0000 7131 2528</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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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

Postmark
Here

Sent To William Thomson
 Street, Apt. No.,
 or PO Box No. S4-33038
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

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"/> <u>Mary Thomson</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Mary Thomson</u></p> <p>C. Date of Delivery <u>2/13/03</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> <p>WILLIAM THOMSON 18001 WINTON RD LEAVENWORTH WA 98826 WR/ss Temp Auth S4-33038 2/12/13</p> </div>	<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>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7010 0290 0000 7131 2535</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	