

BEFORE THE
DEPARTMENT OF ECOLOGY
STATE OF WASHINGTON

IN THE MATTER OF REPORT OF)
EXAMINATION ON WATER APPLICATION)
NO. S4-31431 TO APPROPRIATE)
PUBLIC WATERS)

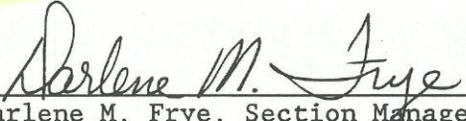
ORDER RESCINDING
ORDER OF REPORT OF EXAMINATION
DATED August 23, 1994
Docket No. DE 94WR-C368

TO: Yodelin Water System
1243 Dilley Rd
Tieton WA 98947-9719

In response to PCHB No. 94-229, Stipulated Settlement Agreement and Agreed Order of Dismissal, signed the 17th day of February 1995, Section 1, the Department of Ecology hereby agrees to issue an order rescinding its Order of August 23, 1994 (Docket No. DE 94WR-C368) and its Report of Examination dated August 16, 1994, that together denied Yodelin's application for a permit to appropriate surface water (application No. S4-31431).

You have the right to obtain review of this order. Request for review must be made, within thirty (30) days of receipt of this order, to the Washington Pollution Control Hearings Board, PO Box 40903, Olympia, Washington 98504-0903. Concurrently, a copy of the request must be sent to the Department of Ecology, PO Box 47600, Olympia, Washington 98504-7600. These procedures are consistent with the provisions of Chapter 43.21B RCW and the rules and regulations adopted thereunder.

DATED this 14th day of March, 1995.



Darlene M. Frye, Section Manager
Water Resources Program
Central Regional Office
Department of Ecology

DMF:KB:gh
950312

ENGINEERING DATA

OK df

Application No. S4-31431

CERTIFIED MAIL

FILE COPY

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to: *S4-31431*

Yodelin Water System

4a. Article Number *413 2 744 402 277*

4b. Service Type

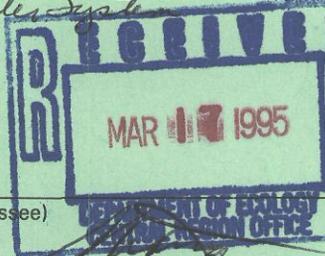
- Registered
- Certified
- Express Mail
- Insured
- COD
- Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

8. Addressee's Address (Only if requested and fee is paid)



Thank you for using Return Receipt Service.

FILE COPY