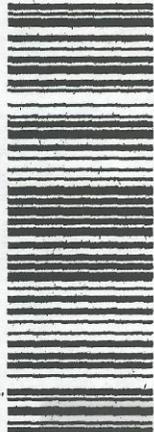


PLACE STICKER AT TOP OF ENVELOPE
TO THE RIGHT OF RETURN ADDRESS.
FOLD AT DOTTED LINE

CERTIFIED MAIL



7000 0520 0203 2105 5767
7000 0520 0203 2105 5767

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

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

Recipient's Name (Please Print Clearly) (To be completed by mailer)

Auvil Fruit Co. Inc

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

City, State, ZIP+4

PS Form 3800, February 2000

See Reverse for Instructions

*Original copies in
CS4-SWC7827*

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. <i>WR97</i> 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. <i>CR Droughtch</i> 	<p>A. Received by (Please Print Clearly) <i>Cathy Howell</i> B. Date of Delivery <i>04/13/01</i></p> <p>C. Signature <i>Cathy Howell</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <input checked="" type="checkbox"/> <i>Cathy Howell</i> <input type="checkbox"/> Addressee</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><i>Auvil Fruit Co Inc P.O. Box 42 Orondo, WA 98843</i></p> <p><i>SWC-7827; GWC-901-A; GWC-G4-23600C; SWC-53-20683C; GWC-G4-23840C + SWClaim # 152339</i></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>2. Article Number (Copy from service label)</p> <p><i>2105-5767</i></p>	
<p>PS Form 3811, July 1999</p>	<p>Domestic Return Receipt</p> <p>102595-00-M-0952</p>

FILE COPY



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

15 West Yakima Avenue, Suite 200 • Yakima, Washington 98902-3452 • (509) 575-2490

APR 12 2001
CERTIFIED MAIL

Auvil Fruit Co Inc
HCR Box 42
Orondo WA 98843

Re: Applications for Change by Auvil Fruit Company Inc. re: Surface Water Certificate 7827, Ground Water Certificate 961-A, Ground Water Certificate G4-23600C, Surface Water Certificate S3-20683C, Ground Water Certificate G4-23840C and Surface Water Claim 152339.

Enclosed please find a copy of the Department of Ecology's Report of Emergency Drought Change Authorization. This report constitutes our determination and order regarding the above-referenced applications for change. If you have any questions or concerns about any of this information, please call Carol Mortensen of the Department of Ecology at (509) 575-2597.

This Order may be appealed. Your appeal must be filed with the Pollution Control Hearings Board, PO Box 40903, Olympia, WA 98504-0903 within thirty (30) days of the date this Order was mailed by the Department of Ecology. At the same time, a copy of your appeal must be sent to the Department of Ecology, c/o Water Resources Program, Appeal Coordinator, PO Box 47600, Olympia, WA 98504-7600. Your appeal alone will not stay the effectiveness of this Order. Stay requests must be submitted in accordance with RCW 43.21B.320. These procedures are consistent with Chapter 43.21B RCW.

Sincerely,

Robert F. Barwin, Section Manager
Water Resources Program

RFB:gg
010420

Enclosures: Emergency Drought Change Authorization
Flow Meter Requirements

FILE COPY

