

CONSERVANCY BOARD DECISION REVIEW ROUTER

File No.: CS4-09550C@2

Author/Date: Dunbar 9/18/12

Y:\Staff\ _____

SharePoint > CRO > Staff > Dunbar > Modification Letter Bear Mtn. CS4-09550C@2

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	45 46 47 48

PROTESTS? Yes No

Certified CCs: (Check application signatures)

Staff	Function	Date	Initial
Glenda: <i>Shelly</i>	Internet & Letter	9/24/12	SS
Sandy:	WRTS	10/1/12	CS
Debra:	GWIS (initial/date):	JK 10/1/12	
<i>Appears same as application.</i>			
Permit Writer:	WTWG Summary		
Hydrogeo:			
30-Day Ext Letter			JK 11/2/12

CCs to anyone else? (Please list cc's & protestors):
 If more room is needed, use back of page.

Chelon Co CB
~~Don Phelps~~ *Lisa De Vera*
Marc Maguire
Philip Sigdon, YAKAMA NATION
Leis Trevino, Colville Conf Tribes

45-Day ends: 11/2/12 FRIDAY

30-Day Extension ends: 11/30/12

GWIS remarks & edits (if more room is needed use back of page):

Section Mgr: WK 11/30/12

Mail out/date (Admin): *45 day ltr mailed 9/24/12 SS*
30 day ltr mailed 10/31/12 SS

Minimum Flow River List? (Y:\Adm\Rivers)

Name of River _____

Add name to the appropriate River Data Source:

Remarks or Related Files (Need more space? Use back of page):

CS4-09550C@1

WRT update 10/31/12 SS

Attachments:

- Your Right to Be Heard
- PTO appeal? No Your Right to Be Heard
- BC, CC, PA forms _____
- Water Measurement Requirements
- Fish Screening Criteria
- Other: _____

SEE BACK FOR FURTHER INFORMATION

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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OFFICIAL USE

7009 2250 0004 4952 2078

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

Sent To
 Bear Mountain Water District
 Street, Apt. No.,
 or PO Box No.
 City, State, ZIP+4
 CS4-09550C@1 Add@2
 See Reverse for Instructions

PS Form 3800, August 2006

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) W Knechtel</p> <p>C. Date of Delivery 12-4-12</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>BEAR MOUNTAIN WATER DIST PO BOX 3091 CHELAN WA 98816 WR/ss CB MOD CS4-09550C@1 & CS4-09550C@2 11/30/12</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>7009 2250 0004 4952 2078</p>

ORIGINAL in CS4-09550C@1