



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

March 15, 2016

Mr. David Anthony Weeks  
P.O. Box 2311  
Walla Walla, WA 99362

Re: Ground Water Application No. G3-30324

On, January 26, 2016 this office notified you by certified mail that Ground Water Application Number G3-30324 would be rejected within 30 days, unless you notified Ecology that you are still interested in pursuing your project. To date, we have not received a response from you regarding the notice.

Therefore, your application is hereby **REJECTED**.

**Your Right To Appeal**

You have a right to appeal this Order to the Pollution Control Hearings Board (PCHB) within 30 days of the date of receipt of this Order. The appeal process is governed by Chapter 43.21B RCW and Chapter 371-08 WAC. "Date of receipt" is defined in RCW 43.21B.001(2).

To appeal you must do the following within 30 days of the date of receipt of the Order.

File your appeal and a copy of this Order with the PCHB (see addresses below). Filing means actual receipt by the PCHB during regular business hours.

- Serve a copy of your appeal and this Order on Ecology in paper form - by mail or in person. (See addresses below.) E-mail is not accepted.
- You must also comply with other applicable requirements in Chapter 43.21B RCW and Chapter 371-08 WAC.

Street Addresses	Mailing Addresses
<b>Department of Ecology</b> Attn: Appeals Processing Desk 300 Desmond Drive SE Lacey, WA 98503	<b>Department of Ecology</b> Attn: Appeals Processing Desk PO Box 47608 Olympia, WA 98504-7608
<b>Pollution Control Hearings Board</b> 1111 Israel Road SW Ste 301 Tumwater, WA 98501	<b>Pollution Control Hearings Board</b> PO Box 40903 Olympia, WA 98504-0903

Mr. Weeks  
G3-30324  
Page 2  
March 15, 2016

For additional information visit the Environmental Hearings Office Website: <http://www.eho.wa.gov> . To find laws and agency rules visit the Washington State Legislature Website: <http://www1.leg.wa.gov/CodeReviser>.

If you have any questions, please contact Dan Tolleson at 509-329-3526.

Sincerely,



Keith L. Stoffel  
Section Manager  
Water Resources Program  
Eastern Regional Office

KLS/DT:md  
Enclosure: *Your Right to Be Heard*

**By Certified Mail:** 7015 0640 0003 6619 5924

7015 0640 0003 6619 5924

U.S. Postal Service™  
CERTIFIED MAIL® RECEIPT  
Domestic Mail Only

For delivery information, visit our website at [www.usps.com](http://www.usps.com)®.

OFFICIAL USE

Certified Mail Fee	\$
Extra Services & Fees (check box, add fee as appropriate)	
<input type="checkbox"/> Return Receipt (hardcopy)	\$
<input type="checkbox"/> Return Receipt (electronic)	\$
<input type="checkbox"/> Certified Mail Restricted Delivery	\$
<input type="checkbox"/> Adult Signature Required	\$
<input type="checkbox"/> Adult Signature Restricted Delivery	\$

Postmark  
Here

Postage \$

Total P&c \$

Sent To \$

Street or \$

City, State

Mr. David Anthony Weeks  
P.O. Box 2311  
Walla Walla, WA 99362

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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.

1. Mr. David Anthony Weeks  
P.O. Box 2311  
Walla Walla, WA 99362



9590 9403 0885 5223 8062 24

2. PSN (Transfer from service label)  
7015 0640 0003 6619 5924

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
X *Patricia S. Weeks*  Agent  Addressee

B. Received by (Printed Name) Patricia S. Weeks

C. Date of Delivery 3-18-16

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

Domestic Return Receipt



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

4601 N Monroe Street • Spokane, Washington 99205-1295 • (509)329-3400

January 26, 2016

Mr. David Anthony Weeks  
PO Box 2311  
Walla Walla, WA 99362

Re: Application No. G3-30324 for a Water Right Permit

**NOTICE – WATER RIGHT APPLICATION STATUS**

The Department of Ecology (Ecology) is currently in the process of reviewing applications we have on file for new water rights within Water Resource Inventory Areas (WRIA) 32, the Walla Walla River Watershed. The Walla Walla River watershed is located within portions of Columbia and Walla Walla Counties. This letter is intended to give you the opportunity to inform Ecology whether or not you are still interested in pursuing your application for a new water right.

According to the county assessor, you no longer own the land proposed for use under the above listed application. Due to this situation, it appears that you no longer have any need for this application. **If we do not receive a response to the contrary within 30 days from your receipt of this letter, your application will be rejected without further notice.**

If you have any questions or need information please contact me at (509) 329-3526 or [dan.tolleson@ecy.wa.gov](mailto:dan.tolleson@ecy.wa.gov). My mailing address is Department of Ecology, 4601 N. Monroe Street, Spokane, Washington 99205-1295.

Sincerely,

Dan Tolleson  
Water Resources Program  
Eastern Region Office

DT:ka

Enclosure: *Copy of Application*

By Certified Mail 7012 3050 0000 1095 0975

*reject application  
DT 3/7/2016*



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

**OFFICIAL USE**

7012 3050 0000 1095 0975

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

1/26/16  
 Postmark  
 Here

Sent To  
 Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

**MR. DAVID ANTHONY WEEKS**  
**PO BOX 2311**  
**WALLA WALLA, WA 99362**

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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.

1. Article Addressed to:

**MR. DAVID ANTHONY WEEKS**  
**PO BOX 2311**  
**WALLA WALLA, WA 99362**



9590 9403 0671 5196 3872 62

2. Article Number (Transfer from service label)

7012 3050 0000 1095 0975

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Patricia S. Weeks  Agent  Addressee

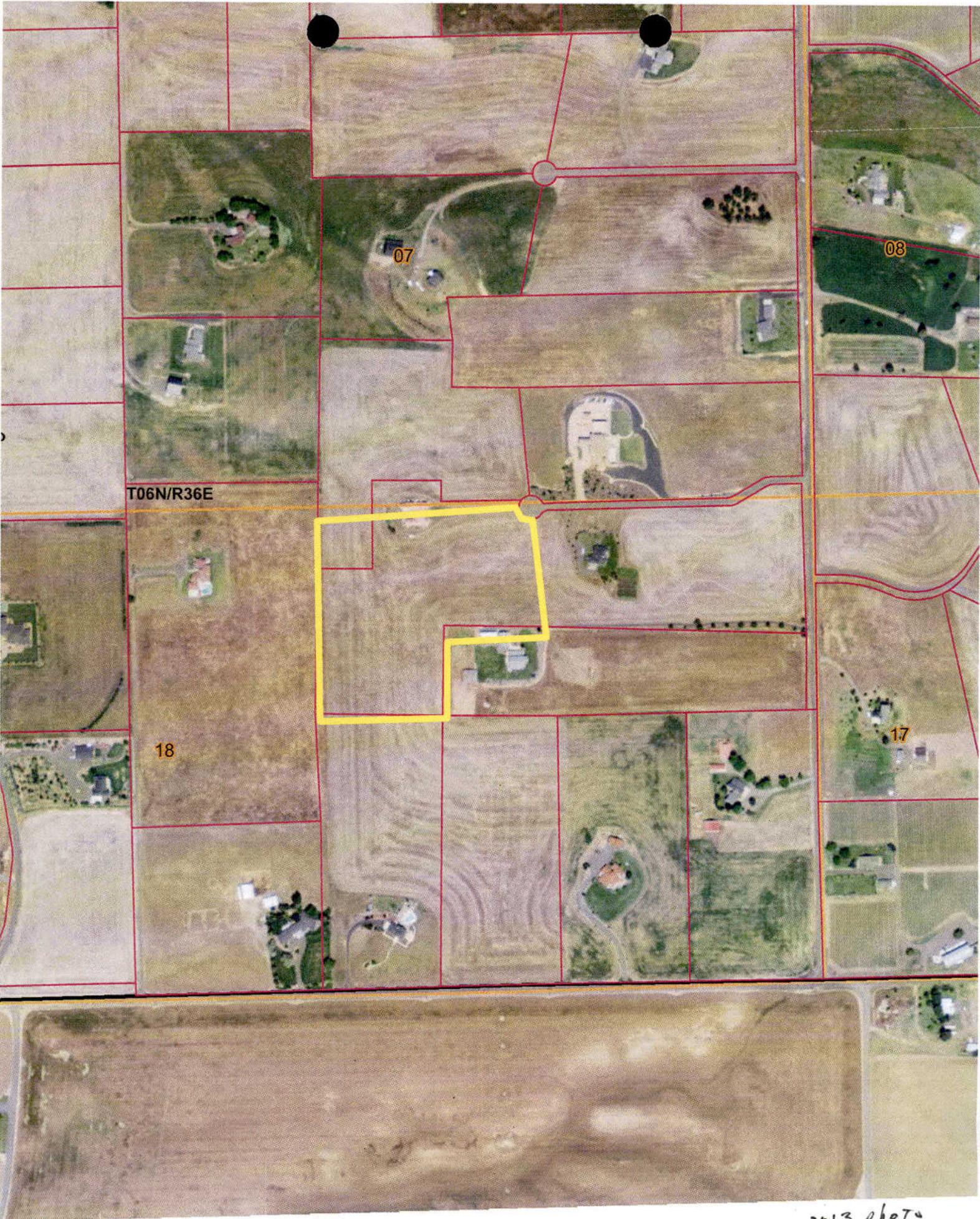
B. Received by (Printed Name) C. Date of Delivery  
 Patricia S. Weeks 1-28-16

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type
- Adult Signature
  - Adult Signature Restricted Delivery
  - Certified Mail®
  - Certified Mail Restricted Delivery
  - Collect on Delivery
  - Collect on Delivery Restricted Delivery
  - Insured Mail
  - Insured Mail Restricted Delivery (over \$500)
  - Priority Mail Express®
  - Registered Mail™
  - Registered Mail Restricted Delivery
  - Return Receipt for Merchandise
  - Signature Confirmation™
  - Signature Confirmation Restricted Delivery

PS Form 3811, April 2015 PSN 7530-02-000-9053

Domestic Return Receipt



T06N/R36E

07

08

18

17

2013 photo