



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PO Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

September 2, 2014

Kahle Jennings
City of Centralia
11 N Tower Ave
Centralia, WA 98531

RE: Water Right Change Application No. CG2-GWC535@2 (LEWI-13-01)

In accordance with RCW 90.80.080 the Department of Ecology (Ecology) has reviewed the Record of Decision (ROD) and Report of Examination (ROE), and all comments, protests, objections and other relevant information submitted by the Lewis County Water Conservancy Board (the Board) for the above referenced application for change.

Ecology **AFFIRMS** the decision of the Board. A summary table of the decision follows:

Summary of Department of Ecology's Final Order

MAXIMUM CFS	MAXIMUM GPM		MAXIMUM ACRE-FT/YR		TYPE OF USE, PERIOD OF USE		
	128(non-additive)		80		Irrigation season, May 1-Oct 1		
SOURCE Walsh Well				TRIBUTARY OF (IF SURFACE WATER) N/A			
AT A POINT LOCATED: PARCEL NO. 13523340000	1/4 S 1/2	1/4 SW	SECTION N 23	TOWNSHIP IP 15 N.	RANGE 3 WWM	WRIA 23	COUNTY Thurston
LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED AS APPROVED BY THE BOARD							



Government Lots 1, 2, 3 and 4, ALL being in Section 26, Township 15 North, Range 3 West, W.M., Lewis County, Washington.

ALSO the north half of the northeast quarter of Section 26, Township 15 North, Range 3 West, W.M., Lewis County, Washington. EXCEPT the north half of the north half of the north half of said northeast quarter. EXCEPT ALSO the following: Beginning at a point 30 feet west of the southeast corner of the north half of the north half of the northeast quarter; thence west 306 feet; thence north 108 feet; thence east 306 feet; thence south 108 feet to the place of beginning.

ALSO the north 240 feet of even width of the E ½ SE ¼ NE ¼, Section 26, T. 15, R., 3 W.W.M.

ALSO the southwest quarter of the northeast quarter and the west half of the southeast quarter of the northeast quarter of Section 26, Township 15 North, Range 3 West, W.M., Lewis County, Washington

ALSO in Thurston County, the S ½ SW ¼, Section 23, T. 15., R., 3 W.W.M. lying east of the Chehalis River

PARCEL NO.	¼	¼	SECTION	TOWNSHIP N. 15	RANGE 3 WWM
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If you have any questions or concerns on the above information, please call Tammy Hall, Department of Ecology, at (360) 407-6099.

YOUR RIGHT TO APPEAL

You have a right to appeal this decision to the Pollution Control Hearing Board (PCHB) within 30 days of the date of receipt of this decision. 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 this decision:

- File your appeal and a copy of this decision 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 decision 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.

ADDRESS AND LOCATION INFORMATION

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

Please send a copy of your appeal to:

Michael J. Gallagher
Department of Ecology
Southwest Regional Office
PO Box 7775
Olympia WA 98504-7775

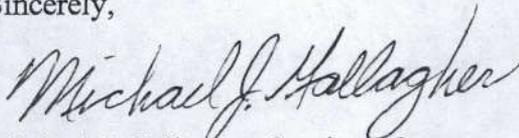
For additional information visit the Environmental Hearings Office Website:

<http://www.eho.wa.gov>

To find laws and agency rules visit the Washington State Legislature Website:

<http://www.leg.wa.gov/CodeReviser>

Sincerely,



Michael J. Gallagher, Section Manager
Water Resources Program

Enclosure: *Your Right To Be Heard*

cc: Barbara Burres, Lewis County Water Conservancy Board
Jill Van Hulle, Pacific Groundwater Group

BY CERTIFIED MAIL: 7013 2630 0001 9408 6448

Certified Mail Provides:

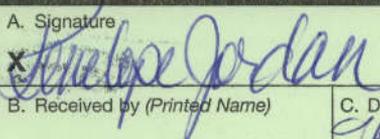
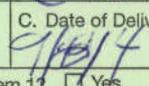
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- NO INSURANCE COVERAGE IS PROVIDED with Certified Mail. For valuables, please consider Insured or Registered Mail.
- For an additional fee, a *Return Receipt* may be requested to provide proof of delivery. To obtain Return Receipt service, please complete and attach a Return Receipt (PS Form 3811) to the article and add applicable postage to cover the fee. Endorse mailpiece "Return Receipt Requested". To receive a fee waiver for a *Return Receipt*, attach a USPS® postmark on your Certified Mail receipt is required.
- For an additional fee, delivery may be restricted to the addressee or addressee's authorized agent. Add the "Restricted Delivery" endorsement with the endorsement "Restricted Delivery".
- If a postmark on the Certified Mail receipt is desired, please present the article at the post office for postmarking. If a postmark on the Certified Mail receipt is desired, attach a return receipt with postage and mail.

IMPORTANT: Save this receipt and present it when making an inquiry.

PS Form 3800, August 2006 (Reverse) PSN 7530-02-000-9047

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 type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>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> <div style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>CITY OF CENTRALIA ATTN KAHLE JENNINGS 11 N TOWER AVE CENTRALIA WA 98531</p> </div>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>7013 2630 0001 9408 6448</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	