

Printed by Jane Hicks on 06/29/2012 at 09:24 AM

# RECEIPT

Department of Ecology (4610)  
PO Box 47611  
Olympia, WA 98504-7611  
(360) 407-7095

Receipt Number  
Manual Receipt

12CJ020557

Document Number **461R1488 CJ** Date **06/29/2012** FM 12

Remitter Name **LEAVENWORTH CITY** Receipt Name

Check/Draw Number **43779**

Document Amount **350.00**

Method of Payment **Check**

Comment Description **WATER RIGHT S4-33068**

REF NR	DOC NR	REF DOC SFX	INV NR	ID NR	SUB ID NR	T	C	R	FUND	MAJ GRP	MAG SRC	SUB SRC	CNTY	WORK CLS	PIC	AI	ORG	PRJ	SUB PRJ	PRJ PHS	SUB OBJ	SUB SUB OBJ	VAR GL	SUB DR	SID DR	SUB CR	SID CR	ALLOC	AMT
					001				001			02		85															350.00



RECEIVED

JUN 29 2012

Water Resources Program  
Department of Ecology

*Detach and return this portion with your payment.*

**PLEASE SEND CHECK OR MONEY ORDER PAYABLE TO:**

**(DO NOT SEND CASH)**

**Department of Ecology  
Cashiering Unit  
PO Box 47611  
Olympia WA 98504-7611**

Amount Due: \$350.00

Water Right No(s): S4-33068

**FROM: City of Leavenworth  
c/o David Schettler  
Public Works Director  
700 Highway 2  
Leavenworth WA 98826-1328  
509.548.5275**

Water Resources Program, Central Regional Office

FOR ECOLOGY USE ONLY: 001 WR1 0285 000011

Amount rcvd: \$ \_\_\_\_\_ Check No.: \_\_\_\_\_

RECEIVED

JUN 29 2012

Water Resources Program  
Department of Ecology

ECY 070-259

WATER RIGHT FEE INVOICE



Water Resources Program

# INVOICE

FROM: Department of Ecology  
Central Regional Office  
15 W. Yakima Avenue, Suite 200  
Yakima WA 98902-3452  
509-575-2490 Fax 509-575-2809  
<http://www.ecy.wa.gov/programs/wr/wrhome.html>

Date: June 19, 2012

Water Right No(s): S4-33068

TO: City of Leavenworth  
c/o David Schettler, Public Works Director  
700 Highway 2  
Leavenworth WA 98826-1328  
509.548.5275

DESCRIPTION	AMOUNT
Need additional fees	\$350.00
	\$
	\$
	<b>AMOUNT DUE</b>
	\$350.00

For questions concerning this invoice, please contact our Central Regional office at 509-575-2490 and ask for the Water Resources Program or you may contact Teresa Mitchell directly at 509-575-2597.

**PLEASE RETURN BOTTOM PORTION WITH YOUR PAYMENT**

*Detach and return this portion with your payment.*

**PLEASE SEND CHECK OR MONEY ORDER PAYABLE TO:**

**(DO NOT SEND CASH)**

Department of Ecology  
Cashiering Unit  
PO Box 47611  
Olympia WA 98504-7611

Amount Due: \$350.00

Water Right No(s): S4-33068

FROM: City of Leavenworth  
c/o David Schettler  
Public Works Director  
700 Highway 2  
Leavenworth WA 98826-1328  
509.548.5275

Water Resources Program, Central Regional Office

FOR ECOLOGY USE ONLY: 001 WR1 0285 000011

Amount rcvd: \$            Check No.           

**FILE COPY**



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

15 W Yakima Ave, Ste 200 • Yakima, WA 98902-3452 • (509) 575-2490

June 19, 2012

City of Leavenworth  
c/o David Schettler, Public Works Director  
700 Highway 2  
Leavenworth WA 98826-1328

Re: Water Right Application No. S4-33068

Dear Mr. Schettler:

The Department of Ecology has received your application. We have assigned your application the number shown above. Please include this number if you contact us regarding your application.

The minimum application fee is \$50.00. In addition to the \$50.00 that you have already submitted, an additional fee of \$350.00 is now due. Refer to the enclosed Water Right Application Fee Schedule to see how your fees were calculated. Please use the enclosed invoice to return your check or money order.

No action will be taken on your application until the fee is paid in full. Your application will be rejected if the additional fees are not submitted within 60 days of this notice.

Be sure to notify Ecology of changes such as address, property ownership, or variations in your proposed water use plans. If you have any questions, contact Teresa Mitchell at 509-575-2597.

Sincerely,

Sandy Anderson  
Water Resources Program

SA:hd  
120614

Enclosures: *Water Right Application Fee Schedule*  
Invoice  
Envelope

By certified mail: 7010 0290 0000 7131 2276

App-addfee.doc

**FILE COPY**



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

For delivery information visit our website at www.usps.com®

**OFFICIAL USE**

7010 0290 0000 7131 2276

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

Postmark  
Here

Sent To

CITY OF LEAVENWORTH  
 C/O DAVID SCHEITLER  
 PUBLIC WORKS DIRECTOR  
 700 HIGHWAY 2  
 LEAVENWORTH WA 98826-132

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

City, State, ZIP+4

PS Form 3800, August 2006

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

CITY OF LEAVENWORTH  
 C/O DAVID SCHEITLER  
 PUBLIC WORKS DIRECTOR  
 700 HIGHWAY 2  
 LEAVENWORTH WA 98826-1328

wrhd/S4-33068/Add. Fees

*NMR*

2. Article Number  
(Transfer from service label)

7010 0290 0000 7131 2276

PS Form 3811, February 2004

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *Angela Kerahat*

C. Date of Delivery *6/2/12*

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

*PO Box 287  
 Leavenworth WA 98826*

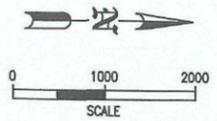
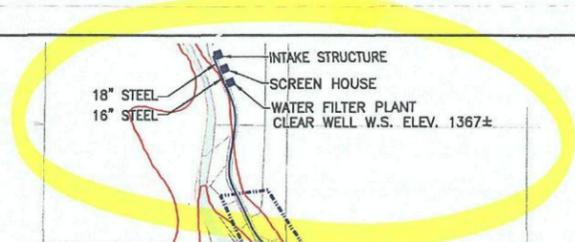
3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

RECEIVED  
 JUN 2 2 2012  
 CENTRAL REGION OFFICE

FILE COPY

102595-02-M-1540

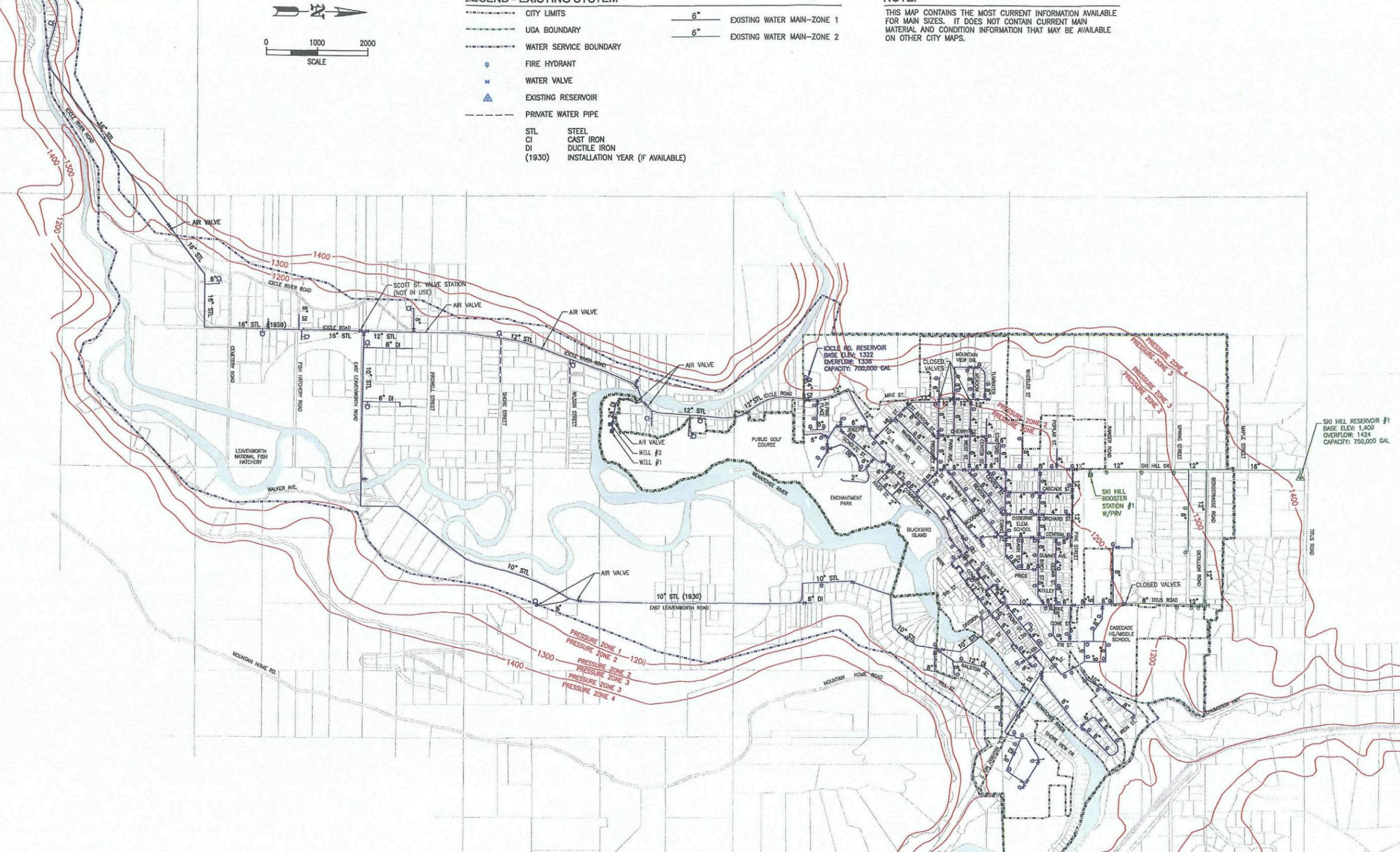


**LEGEND - EXISTING SYSTEM**

- CITY LIMITS
- UGA BOUNDARY
- WATER SERVICE BOUNDARY
- ⊕ FIRE HYDRANT
- ⊕ WATER VALVE
- ▲ EXISTING RESERVOIR
- PRIVATE WATER PIPE
- STL STEEL
- CI CAST IRON
- DI DUCTILE IRON
- (1930) INSTALLATION YEAR (IF AVAILABLE)
- 6" EXISTING WATER MAIN-ZONE 1
- 8" EXISTING WATER MAIN-ZONE 2

**NOTE:**

THIS MAP CONTAINS THE MOST CURRENT INFORMATION AVAILABLE FOR MAIN SIZES. IT DOES NOT CONTAIN CURRENT MAIN MATERIAL AND CONDITION INFORMATION THAT MAY BE AVAILABLE ON OTHER CITY MAPS.



110001-PE-Water-Figure 3 & 4

NO.	DATE	BY	CKD.	APP.	REVISIONS

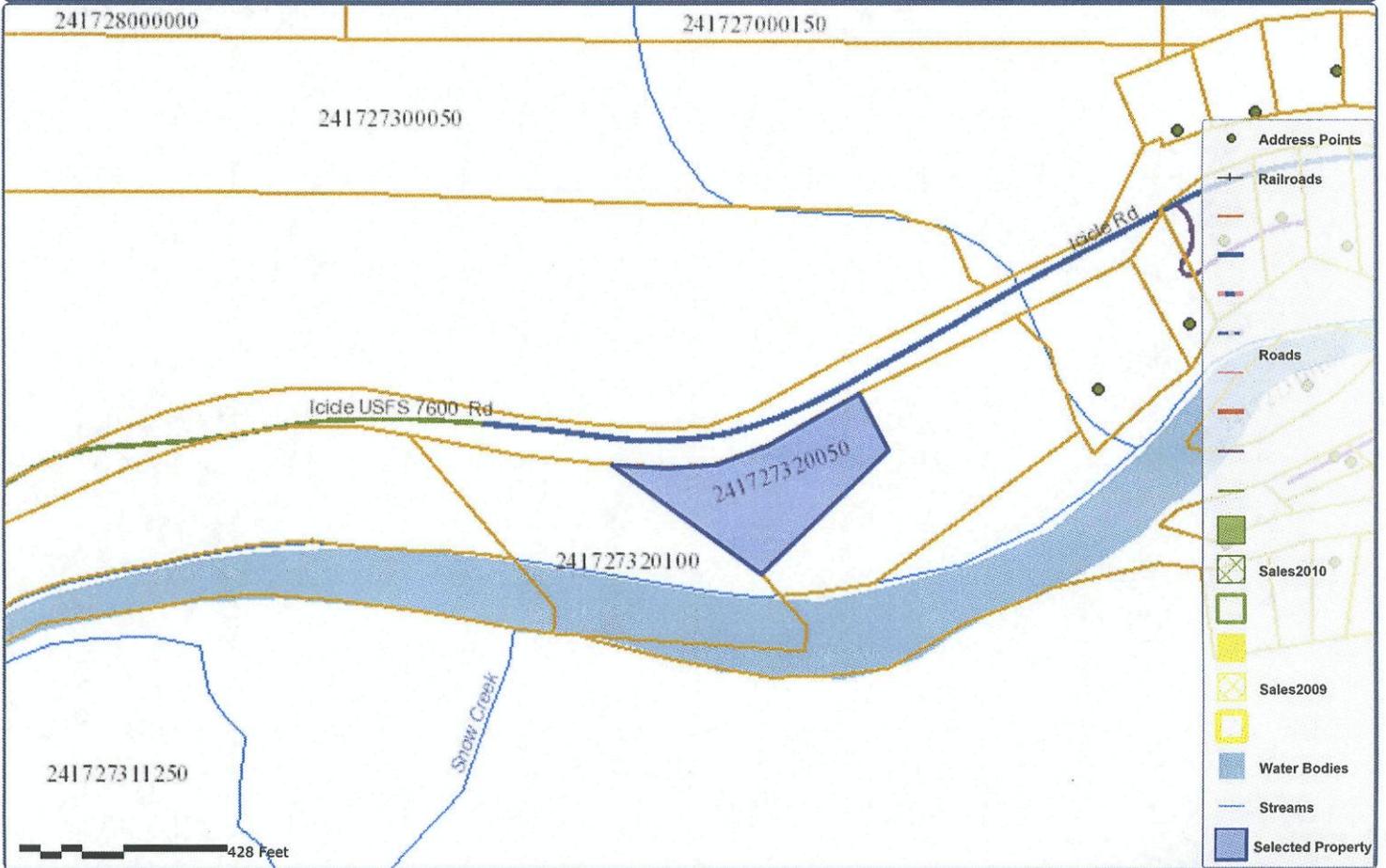
SCALE: AS SHOWN  
 DESIGNED: JJC  
 DRAWN: TVP  
 CHECKED: JJC  
 APPROVED: MJV  
 PROJ. NO.: 14-08-01  
 DATE: 03/07/08



**CITY OF LEAVENWORTH, WASHINGTON**  
 WATER DISTRIBUTION SYSTEM & SEWER COLLECTION SYSTEM MASTER PLAN  
 WATER DISTRIBUTION SYSTEM ANALYSIS  
 EXISTING WATER SYSTEM

**FIGURE**  
**3**

# Chelan County Assessor & Treasurer - Map of Property ID 29985 for Year 2012



## Property Details

### Account

Property ID: 29985  
Geo ID: 241727320050  
Type: Real

Legal Description: NWSW

### Location

Situs Address: ICICLE RD LEAVENWORTH, WA 98826  
Neighborhood: Cycle 3 Icicle/ Tumwater div 1 RES

Mapsc0:

Jurisdictions: 010170,110001,155001,160001,644001,652001,652005,654170,654175,671101,677001,677

### Owner

Owner Name: CITY OF LEAVENWORTH  
Mailing Address: PO BOX 287, LEAVENWORTH, WA 98826

### Property

Appraised Value: N/A

<http://63.135.55.83/Map/View/Map/90/29985/2012>

# Chelan County GIS

Map Help Chelan County Website

Search for Parcel Search for Owner Find Address Print Map

1:1,750

Go



**Results**

- Search for Parcel (1)
  - Parcels (1)
    - 241727320050
      - PARCEL\_NO
      - prop\_id
      - sde.CHELAN.Property\_F
      - sde.CHELAN.Property\_F
      - sde.CHELAN.Property\_F

**Map Contents**

- Chelan-County
  - Parcels
    -
  - Condos
  - Address Points
  - Commissioner Districts
  - Cadastral
  - Transportation
  - SalesByYear
  - Water Bodies
  - Streams
  - Contours
  - City Limits
  - Tax Districts
  - Planning
  - Environmental
  - Chelan County boundary
    - Chelan County 2006 - 18" res.



**RECEIPT**  
**Department of Ecology (4610)**  
**PO Box 47611**  
**Olympia, WA 98504-7611**  
**(360) 407-7095**

Receipt Number **12CJ019349**  
 Manual Receipt



Document Number **461R1402 CJ** Date **06/11/2012** FM **12**  
 Remitter Name **LEAVENWORTH CITY** Receipt Name

Check/Draw Number **43649**  
 Document Amount **50.00**  
 Method of Payment **Check**  
 Comment Description **WATER RIGHT - CRO**

REF DOC NR	REF DOC SFX	INV NR	ID NR	SUB ID NR	T C	R	FUND	MAJ GRP	MAG SRC	SUB SRC	SRC	CNTY	WORK CLS	PIC	AI	ORG	PRJ	SUB PRJ	PRJ PHS	SUB OBJ	SUB SUB OBJ	VAR GL	SUB DR	SID CR	SUB SID CR	ALLOC AMT
------------	-------------	--------	-------	-----------	-----	---	------	---------	---------	---------	-----	------	----------	-----	----	-----	-----	---------	---------	---------	-------------	--------	--------	--------	------------	-----------

50.00

*COPIES 4*

**\* ADDITIONAL FEES ? yes**

Total Fee Required \$ 400

Additional Fee Amt. \$ 350

**(CIRCLE LETTER TO BE MAILED)**

App-no/fee (return appl) \_\_\_\_\_

App-addfee (process appl) \_\_\_\_\_

App-\$10fee-addfee (ret. appl) \_\_\_\_\_

Extension-addfee \_\_\_\_\_

Assignment-addfee \_\_\_\_\_

Make file copy of letter & the request for Expando folder \_\_\_\_\_