



WASHINGTON WATER SERVICE COMPANY

14519 PEACOCK HILL AVENUE NW • P.O. BOX 336 • GIG HARBOR, WA 98335 • (253) 851-4060

HARBOR DISTRICT

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DEPT. OF ECOLOGY/SWR9

'03 SEP 12 AM 11:59

September 3, 2003

Thomas Loranger
Department of Ecology
Southwest Regional Office
PO Box 47775
Olympia, WA 98504-7775

RE: Bellwood Park Water System, Ground Water Permit #G2-29831,
Thurston County, Payment for Permit Fee

Dear Mr. Loranger:

Attached please find enclosed a check for \$10.00 for the permit fee requested
in your August 15, 2003 letter for the above water right application.

Sincerely,

Gerald F. Petersen, PE
Engineering Manager

GFP: jep

Enclosure

cc: Bellwood Park-DOE Document File

\\sdsrver\shared data\Engineering\Water Rights\SSU District\Thurston County\G2-29831 Bellwood Park Permit
fee.doc



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

P.O. Box 47775 • Olympia, Washington 98504-7775 • (360) 407-6300

August 15, 2003

CERTIFIED MAIL

Washington Water Service
6800 Meridian Road SE
Olympia WA 98513-6302

Dear Sir or Madame:

RE: Water Right Application No. G2-29831

Enclosed is the Department of Ecology's Report of Examination. This report constitutes our determination and order regarding the above referenced application.

Please send your permit fee of \$10.00 within thirty (30) days. Make your check payable to the Department of Ecology.

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 from receipt of this Order. At the same time a copy of your appeal must be sent to the Department of Ecology, c/o Water Resources 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.

If you have any questions or concerns, please contact this office at (360) 407-6300.

Sincerely,

Thomas Loranger
Water Resources Supervisor
Southwest Regional Office

TL:th (roeappv.doc)

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:

WASHINGTON WATER SERVICE
6800 MERIDIAN RD SE
OLYMPIA WA 98513-6302

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Cathy Thome*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

15-19-03

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

Certified Mail

Express Mail

Registered

Return Receipt for Merchandise

Insured Mail

C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2

7002 0510 0003 6614 9367

SWRO/WR G2-29831

PS Form 3811, August 2001

Domestic Return Receipt

102595-01-M-2509