

JAMES E. HUNGERFORD

ATTORNEY

P.O. BOX 1191

SHELTON, WA 98584

Phone: 360/427-5097

FAX: 360/426-5995

'03 SEP 22 11:27

September 18, 2003

Thomas Loranger, Water Resources Manager
Department of Ecology
P. O. Box 47775
Olympia, WA 98504-7775

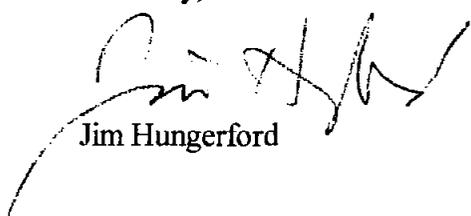
Re: Water Right Application No. G2-28813
Great Bend Estates

Dear Mr. Loranger:

Enclosed is a check for \$20.00 for the permit fee for the above referenced water right application, which you requested in your letter to me dated September 2, 2003.

Thank you for your help with this matter.

Sincerely,


Jim Hungerford

9/30/03

OK to issue Permit.

J Walsh



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

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

September 2, 2003

CERTIFIED MAIL

Great Bend Estates
Attn Jim Hungerford
PO Box 1191
Shelton WA 98584

Dear Mr. Hungerford:

RE: Water Right Application No. G2-28813

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 \$20.00 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,

A handwritten signature in cursive script that reads "Thomas Loranger".

Thomas Loranger
Water Resources Manager
Southwest Regional Office

TL:th (roeappv.doc)

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

7002 0510 0003 6614 9329

OFFICIAL USE

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

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Sent To
 Great Bend Estates
 Street, Apt. No.,
 or PO Box No. G2-28813
 City, State, ZIP+4

PS Form 3800, January 2001 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:

GREAT BEND ESTATES
 ATTN JIM HUNGERFORD
 PO BOX 1191
 SHELTON WA 98584

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Cody Hungerford* Agent Addressee

B. Received by (Printed Name) *Candy Hungerford* C. Date of Delivery *9/10/03*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7002 0510 0003 6614 9329 SWRO/WR G2-28813