



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

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

August 6, 1996

I certify that I mailed a copy of this document to the persons and addresses listed thereon, postage prepaid, in a receptacle for United States mail in Lacey, Washington on Aug. 6, 1996.

Jenna Hanson

Naselle Water Company
805 Dupont Street, Ste 7
Bellingham, Washington 98225-3102

Dear Sir or Madame:

Re: Surface Water Application No. S 2-29335

The Department of Ecology has reviewed your application for a water right, and your application has been approved. A copy of our Report of Examination is enclosed. This report constitutes our determination and order regarding the above referenced application. Please read this report carefully.

A permit will be issued in accordance with the enclosed Report of Examination upon payment of the statutory fee of \$20.00. Please remit your payment by check to the Department of Ecology within thirty (30) days from receipt of this letter.

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 of the date this decision was mailed. At the same time your appeal must be sent to the Department of Ecology c/o Enforcement Officer, PO Box 47600, Olympia, WA 98504-7600. Your appeal alone will not stay the effectiveness of the Order. These procedures are consistent with Chapter 43.21B RCW.

Sincerely,

Gale Blomstrom

Gale Blomstrom
Shorelands & Water Resources Supervisor
Southwest Regional Office

GB:th(exam2)
Enclosure

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P 469 206 308

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

S.G.P.O. 1989-234-555

Sent to	Naselle Water Co
Street and No.	S2-29335
P.O., State and ZIP Code	

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT

7. Date of Delivery 8-7	
6. Signature - Agent <i>[Signature]</i>	
5. Signature - Address X	
8. Addressee's Address (ONLY if requested and fee paid) or agent and DATE DELIVERED. Always obtain signature of addressee	
Type of Service: <input type="checkbox"/> Insured <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise	3. Article Addressed to: NASELLE WATER CO 805 DUPONT ST STE 7 BELLINGHAM WA 98225-3102
4. Article Number P 469 206 308	1. <input type="checkbox"/> Show to whom delivered, date, and addressee's address. 2. <input type="checkbox"/> Restricted Delivery (Extra charge) Put your address in the "RETURN TO" Space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

SHWR S2-29335

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