



STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

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

June 8, 2005

Pickering Passage Water System  
PO Box 588  
Grapeview WA 98546-0588

Dear Sir or Madame:

RE: Permit No. **G2-29586**

Thank you for sending in your permit fee. Enclosed is your permit No. **G2-29586**, which includes your Development Schedule.

***Proof of Appropriation form***

Our information indicates that your water project is completed. The next step toward securing a water right certificate is to put the water to full beneficial use on or before **September 1, 2008**. Once this is done, complete the enclosed "Proof of Appropriation of Water" form. This form must be **notarized** and returned to the Water Resources Program at Ecology's Southwest Regional Office.

Please submit the following fees when the actual water has been put to full beneficial use:

- \$21.00 check payable to the **Mason** County Auditor's Office  
and
- \$5.00 check payable to the Department of Ecology

The **parcel number** for the point of diversion/withdrawal for where your project is located (and the place of use, if different). Parcel numbers can be found on property tax statements.

If we do not receive the completed "Proof of Appropriation of Water" form by **September 1, 2008**, and do not hear from you otherwise, your permit may be cancelled. We understand that occasionally there are extenuating circumstances that may delay putting the water to full use. In this case, you **must** contact us, **in writing**, to request an **extension**.

Upon receipt of your completed "Proof of Appropriation of Water" form, we will review the information and may come out to inspect your project. Once we are confident that all of terms and provisions of your permit have been met, we will notify by you mail to request the certificate recording fees for the state and county.

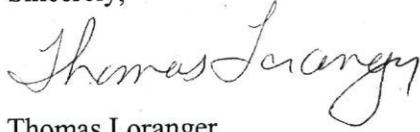


***Read your permit***

Please read through your entire permit, along with the enclosed water right information sheet, to be sure you fully understand the terms and responsibilities associated with your permit. It is important to remember that this permit is not a *final* water right, it is permission by the state to *develop* a water right. *You must meet the provisions on your permit before we issue your final water right certificate.*

If we can provide any further assistance, please contact our office at (360) 407-6300.

Sincerely,



Thomas Loranger  
Water Resources Section Manager  
Southwest Regional Office

TL:th

Enclosures:    **Permit # G2-29586**  
                  "Proof of Appropriation of Water" form  
                  "Important Information Regarding Your Water Right"

permit-PA.doc



# Water Right Permit Fee Form

RECEIVED  
DEPT. OF ECOLOGY/SW50

'05 MAY -5 110:20

Pickering Passage Water System  
PO Box 588  
Grapeview WA 98546-0588

*Is this address correct? If not,  
make corrections in the box on the right.*

*Address correction:*

Name: \_\_\_\_\_

Street 1: \_\_\_\_\_

Street 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip-code: \_\_\_\_\_

Application number: **G2-29586**

Remember to enclose the following check/money order:

- **\$20.00** payable to the Department of Ecology

Send this form and the payment to:

Department of Ecology  
Water Resources Program  
Southwest Regional Office  
PO Box 47775  
Olympia, WA 98504-7775



STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

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

April 26, 2005

CERTIFIED MAIL

Pickering Passage Water System  
PO Box 588  
Grapeview WA 98546-0588

Dear Sir or Madame:

RE: Ground Water Application No. **G2-29586**

Your application is approved. Enclosed is the Report of Examination (Ecology's Order and Determination) which summarizes our findings and represents our final decision. Please read through this report carefully, as it forms the basis for your permit.

***Send permit fee***

Your permit will be issued after the required 30-day appeal period, and upon receipt of the **\$20.00** permit fee. Please send the following to the Water Resources Program at Ecology's Southwest Regional Office:

- The **\$20.00** permit fee; a check or money order made out to the Department of Ecology, and
- The completed Water Right Permit Fee Form (enclosed).
  - If appropriate, make corrections to your name and address in the space provided.

***Your right to appeal***

This Order may be appealed pursuant to RCW Chapter 43.21B. The person to whom this Order is issued must file an appeal with the Pollution Control Hearings Board **within thirty (30) days of receipt of this Order**. Send the appeal to: Pollution Control Hearings Board, P.O. Box 40903, Olympia, Washington 98504-0903. At the same time, a copy of the appeal **must** be sent to: Department of Ecology, Water Resources Appeals Coordinator, P.O. Box 47600, Olympia, Washington 98504-7600. All others receiving notice of this Order must file an appeal with the Pollution Control Hearings Board **within thirty (30) days of the date the Order was received** in the same manner described above.

If we can provide any further assistance, please contact our office at (360) 407-6300.

Sincerely,

Thomas Loranger  
Water Resources Section Manager  
Southwest Regional Office

TL:th

Enclosures: Report of Examination  
Water Right Permit Fee Form  
"Your Right to Be Heard"

ROE, permit fee.doc



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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7003 3110 0004 2965 6409

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

DEPARTMENT OF ECOLOGY  
 SOUTHWEST REGIONAL OFFICE  
 POST OFFICE BOX 47775  
 OLYMPIA, WA 98504-7775

Sent To  
 Pickering Passage Water System  
 Street, Apt. No.,  
 or PO Box No. G2-29586  
 City, State, ZIP+4

PS Form 3800, June 2002

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:

PICKERING PASSAGE WATER SYSTEM  
 PO BOX 588  
 GRAPEVIEW WA 98546-0588

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  Agent  Addressee

B. Received by (Printed Name) *DAVE R. HARTZ* C. Date of Delivery *4-27-05*

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

7003 3110 0004 2965 6409 SWRO/WR G2-29586  
 PS Form 3811, August 2001 Domestic Return Receipt 102595-02-M-1540