

RECEIPT

Department of Ecology

PO Box 5128

Lacey, WA 98509-5128

(360) 407-7095

(4610)

Manual Receipt

Receipt Number 05-018391

Current Document Number 461H3155CJ

Date 03/21/2005

FM 21

Remitter Name

TRUUM, ALLAN R
TRUUM, SUSAN E

Receipt Name

Check/Draw Number 6422

Document Amount \$5.00

Method of Payment Check

Comment Description WATER RIGHTS

Ref Doc Nr	Ref Doc Sfx	Inv Nr	Id Nr	Sub Prgm Id Cd	T C	R	Fund	Maj Grp	Maj Src	Sub Src	Cnty	Work Cls	PIC	AI	Org	Pri	Sub Pri	Sub Phs	Sub Obj	Sub Obj	Var GL	Sub Sid	Sub Sid	Sub Cr	Alloc Amt
					H00		001		02	85															\$5.00

3/28/05
ok to issue permit
TR



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

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

February 23, 2005

Susan E Trumm
1446 Summit Lake Shore Road NW
Olympia WA 98502

Dear Ms. Trumm:

You recently received from the Department of Ecology a Report of Examination recommending approval of your application for a water right permit, with a letter requesting submittal of the \$5.00 permit fee. This approval (after issuance of a Water Right Permit) will allow you to divert water from Summit Lake for residential domestic use. The work on your application was completed by Robinson, Noble & Saltbush, Inc., a consulting firm hired by the department to process 35 water right applications in the Summit Lake area.

We contracted with Summit Lake residents for a total of \$23,802 to complete the review of water rights permits. Twenty of your neighbors contributed a total of \$20,478, leaving an outstanding balance of \$3,324 owed. We are writing to ask you to contribute \$94.97 to pay your part to fully fund this project. Upon our receipt of the balance of \$3,324, we will proceed to issue formal Water Right Permits. Until you receive your water right permit, you do not have the legal authorization to withdraw water.

Please send your \$5.00 check or money order and your completed Water Right Permit Fee Form to the following address:

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

In addition, please send your additional fee of \$94.97 made out to the Dept of Ecology to:

**Department of Ecology
Cashiering Section
PO Box 5128
Lacey, WA 98509-5128**

Please note that these addresses are different and need to be two separate checks.

If you have any questions regarding this matter please contact either Don Davidson (Department of Ecology contact) at (360) 407 6636, Laura Lowe (Department of Ecology Budget Office contact) at (360) 407 7031 or Tom Anderson (Summit Lake area contact) at (360) 357 5905.

Sincerely,

Thomas Loranger
Water Resource Section Manager
TL:th



STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

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

February 15, 2005

CERTIFIED MAIL

Susan Trumm
1446 Summit Lake Shore Road NW
Olympia WA 98502

Dear Ms. Trumm:

RE: Surface Water Application No. **S2-29928**

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 **\$5.00** permit fee. Please send the following to the Water Resources Program at Ecology's Southwest Regional Office:

- The **\$5.00** 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)

054E 0495 5840 3450
 7000 1670 0013 0200

OFFICIAL USE

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

Sent To
 Susan Trumm
 Street, Apt. No., or PO Box No.
 S2-29928
 City, State, ZIP+4

PS Form 3800, May 2000 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	<p>A. Signature X <i>Susan Trumm</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>
<p>1. Article Addressed to:</p> <p>SUSAN TRUMM 1446 SUMMIT LAKE SHORE RD NW OLYMPIA WA 98502</p>	<p>B. Received by (Printed Name) <i>Susan Trumm</i> C. Date of Delivery <i>2-18-05</i></p>
<p>2. Article Number 7000 1670 0013 5840 3450 (Transfer from service label)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: <i>Same</i></p>
<p>PS Form 3811, February 2004</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p> <p>SWRO/WR S2-29928</p> <p>102595-02-M-1540</p>