



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE-48-10-0300
WRIA # 48

Table with 4 columns: 1. *Water Reference Id (A), 2. Name of Water (None), 3. Tributary To (None), 4. *Legal Description (1/4 Section, Township, Range, E/W S 8 & 9, T 31 R 23 (SEE MAP)), 5. *County (Okanogan), 6. Water Type Shown on Map (N), 7. Proposed Water Type (Removal from layer), 8. *Date of Field Visit (11/17/09 & 06/09/10), 9. *Forest Practices Application Number(s) (if applicable), 10. Change is based on the following (check all that apply), 11. Water levels in the survey area were: [] Above Normal [x] Normal [] Below Normal, 12. The water type break was determined by: [] Stopping at last observed fish [] Stopping at upper extent of fish habitat [x] Stopping at end of harvest or property boundary [] Other - describe: Note: Initial field verification was conducted on 11/17/09 and an additional visit was conducted on 06/09/10 with forest practices forester Shane Knowlton., 13. Are there any fish passage barriers downstream of the surveyed stream segment(s): [] Natural barriers: [] Falls [] Cascades [] Bedrock chutes If yes, what is the height [] Temporary barriers (log jams) [] Man-made barriers (culverts) Fish passage barriers were identified by: [] Maps [] Field observation [] Other - describe:, 14. Is there evidence of mass wasting or scouring events? [x] No [] Yes. Describe how these affected current stream channel conditions and fish distribution in the stream., *Proponent name and signature (Roy Cuzick), Organization name and address (Washington Department of Natural Resources, South Okanogan District), Telephone number (509-684-7474), Surveyor name, Organization name and address, Telephone number

Region Reference Number - DNR Use Only												
Region	WRIA	Year	Number									
N	E	-	4	8	-	1	0	-	0	3	8	8
Comment Due Date (DNR USE ONLY)										08/30/2010		

**Reviewer Comments
Water Type Modification**

Attention Reviewers: DNR will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

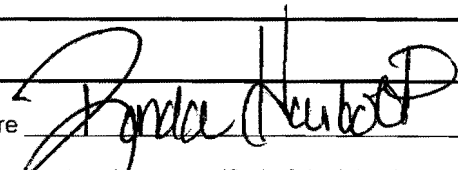
Signature _____ Date _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				P
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon - Yakama Tribe				P
Other: Ruby Peone - CCT				P
Other: Rose Gerlinger - CCT				P

Approve change Disapprove change

Reasons for disapproval

Signature  Date 9/20/10

Proponent and reviewers notified of decision by Joeh L Smola on 9-2010
(Name) (Date)

Change entered in GIS by _____ on _____
(Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE-10-10-0309
WRIA # 10

1. *Water Reference Id B
2. Name of Water None
3. Tributary To None
4. *Legal Description (1/4 Section, Township, Range, E/W) S 8 & 9, T 31 R 23 (SEE MAP)
5. *County Okanogan
6. Water Type Shown on Map U
7. Proposed Water Type Removal from layer
8. *Date of Field Visit 11/17/09 & 06/09/10
9. *Forest Practices Application Number(s) (if applicable)
10. Change is based on the following (check all that apply).
11. Water levels in the survey area were: [] Above Normal [x] Normal [] Below Normal
12. The water type break was determined by:
13. Are there any fish passage barriers downstream of the surveyed stream segment(s):
14. Is there evidence of mass wasting or scouring events?
*Proponent name and signature Roy Cuzick
Organization name and address Washington Department of Natural Resources, South Okanogan District
Telephone number 509-684-7474
Surveyor name

Region Reference Number – DNR Use Only												
Region		WRIA		Year		Number						
N	E	-	4	8	-	1	0	-	0	3	8	9
Comment Due Date (DNR USE ONLY)												
08/30/2010												

**Reviewer Comments
Water Type Modification**

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Reviewer's Name: _____ **Reviewer's Affiliation:** _____

Reviewer's Phone Number: _____ **Reviewer's E-Mail:** _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

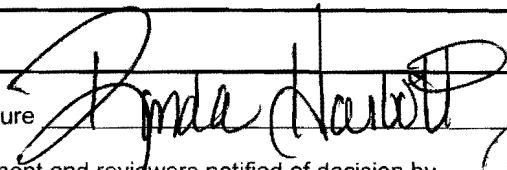
Signature _____ **Date** _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				X
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon – Yakama Tribe				X
Other: Ruby Peone - CCT				X
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change.

Reasons for disapproval

Signature  Date 9/20/10
 Proponent and reviewers notified of decision by Jack L. Smith on 9-20-10
 Change entered in GIS by _____ on _____
 (Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*x) *Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE-18-10-0390
WRIA # 18

1. *Water Reference Id C
2. Name of Water None
3. Tributary To None
4. *Legal Description (1/4 Section, Township, Range, E/W) S 8 & 9, T 31 R 23 (SEE MAP)
5. *County Okanogan
6. Water Type Shown on Map N
7. Proposed Water Type Removal from layer
8. *Date of Field Visit 11/17/09 & 06/09/10
9. *Forest Practices Application Number(s) (if applicable)
10. Change is based on the following (check all that apply).
[x] Physical characteristics - describe: No water, PIP., scour, or channel present within identified segment. See question 12, below.
11. Water levels in the survey area were: [x] Normal
12. The water type break was determined by: [x] Stopping at end of harvest or property boundary
13. Are there any fish passage barriers downstream of the surveyed stream segment(s):
14. Is there evidence of mass wasting or scouring events? [x] No
*Proponent name and signature Roy Cuzick
Organization name and address Washington Department of Natural Resources, South Okanogan District
Telephone number 509-684-7474
Surveyor name

Div. Doc. No.

Region Reference Number - DNR Use Only												
Region		WRIA		Year		Number						
N	E	-	4	8	-	1	0	-	0	3	9	0
Comment Due Date (DNR USE ONLY)												
08/30/2010												

**Reviewer Comments
Water Type Modification**

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Reviewer's Phone Number: _____ **Reviewer's E-Mail:** _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

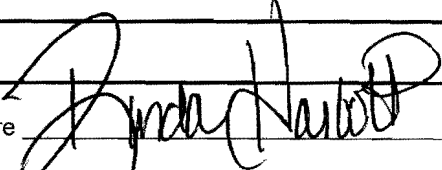
Signature _____ **Date** _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				Y
DOE: Mark Peterschmidt	X		9/27/10	
Tribe: Jim Matthews/Phil Rigdon - Yakama Tribe				X
Other: Ruby Peone - CCT				X
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

Reasons for disapproval

Signature  Date 9/20/10
 Proponent and reviewers notified of decision by Jack L Smer on 9-20-10
 Change entered in GIS by _____ on _____
 (Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE-4B-10-0291
WRIA # 4B

1. *Water Reference Id D
2. Name of Water None
3. Tributary To None
4. *Legal Description (1/4 Section, Township, Range, E/W) S 8 & 9, T 31 R 23 (SEE MAP)
5. *County Okanogan
6. Water Type Shown on Map N
7. Proposed Water Type Removal from layer
8. *Date of Field Visit 11/17/09 & 06/09/10
9. *Forest Practices Application Number(s) (if applicable)
10. Change is based on the following (check all that apply).
[x] Physical characteristics - describe: No water, PIP., scour, or channel present within identified segment. See question 12, below.
11. Water levels in the survey area were: [x] Normal
12. The water type break was determined by: [x] Stopping at end of harvest or property boundary
13. Are there any fish passage barriers downstream of the surveyed stream segment(s):
14. Is there evidence of mass wasting or scouring events? [x] No
*Proponent name and signature Roy Cuzick
Organization name and address Washington Department of Natural Resources, South Okanogan District
Telephone number 509-684-7474
Surveyor name

Region Reference Number – DNR Use Only						
Region	WRIA	Year	Number			
N	E	-48	-	10	-	0391
Comment Due Date (DNR USE ONLY)						08/30/2010

**Reviewer Comments
Water Type Modification**

Attention Reviewers: DNR will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____ Date _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				Y
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon – Yakama Tribe				Y
Other: Ruby Peone - CCT				Y
Other: Rose Gerlinger - CCT				Y

Approve change Disapprove change

Reasons for disapproval

Signature *[Signature]* Date 9/20/10

Proponent and reviewers notified of decision by *[Signature]* on 9-20-10
(Name) (Date)

Change entered in GIS by _____ on _____
(Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NK
Region Reference Number NE 4B-10-0392
WRIA # 4B

1. *Water Reference Id E
2. Name of Water None
3. Tributary To None
4. *Legal Description (1/4 Section, Township, Range, E/W) S 9, T 31 R 23 (SEE MAP)
5. *County Okanogan
6. Water Type Shown on Map N
7. Proposed Water Type Removal from layer
8. *Date of Field Visit 11/17/09 & 06/09/10
9. *Forest Practices Application Number(s) (if applicable)
10. Change is based on the following (check all that apply).
[x] Physical characteristics - describe: No water, PIP., scour, or channel present within identified segment. See question 12, below.
11. Water levels in the survey area were: [x] Normal
12. The water type break was determined by: [x] Stopping at end of harvest or property boundary
13. Are there any fish passage barriers downstream of the surveyed stream segment(s):
14. Is there evidence of mass wasting or scouring events? [x] No
*Proponent name and signature: Roy Cuzick
Organization name and address: Washington Department of Natural Resources, South Okanogan District
Telephone number: 509-684-7474

Region Reference Number – DNR Use Only												
Region		WRIA		Year		Number						
N	E	-	4	8	-	1	0	-	0	3	9	2
Comment Due Date (DNR USE ONLY)												
08/30/2010												

**Reviewer Comments
Water Type Modification**

Attention Reviewers: DNR will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Reviewer's Name: _____ **Reviewer's Affiliation:** _____

Reviewer's Phone Number: _____ **Reviewer's E-Mail:** _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____ **Date** _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	x		9/20/10	
WDFW: Lynda Hofmann				y
DOE: Mark Peterschmidt	x		8/27/10	
Tribe: Jim Matthews/Phil Rigdon – Yakama Tribe				y
Other: Ruby Peone - CCT				y
Other: Rose Gerlinger - CCT				y

Approve change Disapprove change

Reasons for disapproval _____

Signature *[Signature]* Date 9/20/10

Proponent and reviewers notified of decision by *[Signature]* on 9-20-10
(Name) (Date)

Change entered in GIS by _____ on _____
(Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
[x] *Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other: Describe

DNR Use Only
Region Name NK
Region Reference Number NE-48-10-0893
WRIA # 48

Table with 8 columns: 1. *Water Reference Id (F), 2. Name of Water (None), 3. Tributary To (None), 4. *Legal Description (S 9, T 31 R 23), 5. *County (Okanogan), 6. Water Type Shown on Map (N), 7. Proposed Water Type (Removal from layer), 8. *Date of Field Visit (11/17/09 & 06/09/10), 9. *Forest Practices Application Number(s), 10. Change is based on the following (Physical characteristics), 11. Water levels in the survey area were (Normal), 12. The water type break was determined by (Stopping at end of harvest), 13. Are there any fish passage barriers, 14. Is there evidence of mass wasting or scouring events? Proponent: Roy Cuzick, Organization: Washington Department of Natural Resources, Telephone: 509-684-7474.

Region Reference Number – DNR Use Only												
Region	WRIA	Year	Number									
N	E	-	4	8	-	1	0	-	0	3	9	3
Comment Due Date (DNR USE ONLY)												
08/30/2010												

Reviewer Comments Water Type Modification

Attention Reviewers: DNR will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

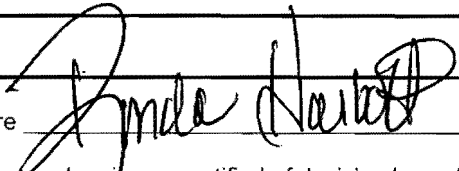
Signature _____ Date _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				X
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon – Yakama Tribe				X
Other: Ruby Peone - CCT				X
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

Reasons for disapproval

Signature  Date 9/20/10

Proponent and reviewers notified of decision by Jacob L Smith on 9-20-10
(Name) (Date)

Change entered in GIS by _____ on _____
(Name) (Date)

Region Reference Number - DNR Use Only												
Region		WRIA	Year			Number						
N	E	-	4	8	-	1	0	-	0	3	9	4
Comment Due Date (DNR USE ONLY)												
08/30/2010												

**Reviewer Comments
Water Type Modification**

Attention Reviewers: DNR will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____ Date _____

(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				X
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon - Yakama Tribe				X
Other: Ruby Peone - CCT				X
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

Reasons for disapproval

Signature [Signature] Date 9/20/10
 Proponent and reviewers notified of decision by [Signature] on 9-20-10
 Change entered in GIS by _____ on _____
 (Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
[x] *Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE 48-10-0395
WRIA # 48

Table with 4 columns: 1. *Water Reference Id (H), 2. Name of Water (None), 3. Tributary To (None), 4. *Legal Description (S 9, T 31 R 23), 5. *County (Okanogan), 6. Water Type Shown on Map (N), 7. Proposed Water Type (Removal from layer), 8. *Date of Field Visit (11/17/09 & 06/09/10), 9. *Forest Practices Application Number(s), 10. Change is based on the following (Physical characteristics), 11. Water levels in the survey area were (Normal), 12. The water type break was determined by (Stopping at end of harvest), 13. Are there any fish passage barriers, 14. Is there evidence of mass wasting or scouring events? Proponent: Roy Cuzick, Washington Department of Natural Resources.

Region Reference Number - DNR Use Only				
Region	WRIA	Year	Number	
N	E	-48	-10	-0395
Comment Due Date (DNR USE ONLY)				08/30/2010

**Reviewer Comments
Water Type Modification**

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Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____ Date _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	y		9/20/10	
WDFW: Lynda Hofmann				y
DOE: Mark Peterschmidt	x		8/27/10	
Tribe: Jim Matthews/Phil Rigdon - Yakama Tribe				p
Other: Ruby Peone - CCT				p
Other: Rose Gerlinger - CCT				p

Approve change Disapprove change

Reasons for disapproval

Signature *Lynda Harbott* Date 9/20/10
 Proponent and reviewers notified of decision by *Jaeh L. Smold* on 9-20-10
 (Name) (Date)
 Change entered in GIS by _____ on _____
 (Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NK
Region Reference Number NR 48-10-0396
WRIA # 4B

1. *Water Reference Id
2. Name of Water
3. Tributary To
4. *Legal Description
5. *County
6. Water Type Shown on Map
7. Proposed Water Type
8. *Date of Field Visit
9. *Forest Practices Application Number(s)
10. Change is based on the following
11. Water levels in the survey area were
12. The water type break was determined by
13. Are there any fish passage barriers downstream
14. Is there evidence of mass wasting or scouring events
*Proponent name and signature
Organization name and address
Telephone number
Surveyor name
Organization name and address
Telephone number

Region Reference Number – DNR Use Only												
Region		WRIA		Year		Number						
N	E	-	4	8	-	1	0	-	0	3	9	6
Comment Due Date (DNR USE ONLY)												
08/30/2010												

**Reviewer Comments
Water Type Modification**

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Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

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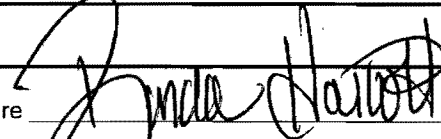
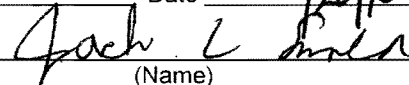
Signature _____ Date _____
 (Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	✓		9/20/10	
WDFW: Lynda Hofmann				P
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon – Yakama Tribe				P
Other: Ruby Peone - CCT				P
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

Reasons for disapproval

Signature  Date 9/20/10
 Proponent and reviewers notified of decision by  on 9-20-10
 Change entered in GIS by _____ on _____
 (Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other: Describe

DNR Use Only
Region Name NE
Region Reference Number NE-48-10-0397
WRIA # 48

1. *Water Reference Id J
2. Name of Water None
3. Tributary To None
4. *Legal Description (1/4 Section, Township, Range, E/W) S 9, T 31 R 23 (SEE MAP)
5. *County Okanogan
6. Water Type Shown on Map U
7. Proposed Water Type Removal from layer
8. *Date of Field Visit 11/17/09 & 06/09/10
9. *Forest Practices Application Number(s) (if applicable)
10. Change is based on the following (check all that apply).
11. Water levels in the survey area were: [] Above Normal [x] Normal [] Below Normal
12. The water type break was determined by:
13. Are there any fish passage barriers downstream of the surveyed stream segment(s):
14. Is there evidence of mass wasting or scouring events?
*Proponent name and signature
Organization name and address
Telephone number
Surveyor name
Organization name and address
Telephone number

Region Reference Number - DNR Use Only				
Region	WRIA	Year	Number	
N	E	-	4	8
-	1	0	-	0
3	9	7		

Comment Due Date
(DNR USE ONLY)
08/30/2010

**Reviewer Comments
Water Type Modification**

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Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

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Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____ Date _____
(Signatures are not necessary for e-mailed responses)

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WDFW: Lynda Hofmann				X
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon - Yakama Tribe				X
Other: Ruby Peone - CCT				X
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

Reasons for disapproval

Signature *[Signature]* Date 9/20/10
Proponent and reviewers notified of decision by *[Signature]* on 9-20-10
(Name) (Date)
Change entered in GIS by _____ on _____
(Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE-48-10-0398
WRIA # 4B

Form with 14 numbered sections containing survey data, checkboxes, and signature lines. Includes fields for water reference ID, county, water type, and legal description.

Div. Doc. No.

Region Reference Number – DNR Use Only												
Region	WRIA	Year	Number									
N	E	-	4	8	-	1	0	-	0	3	9	8
Comment Due Date (DNR USE ONLY)										08/30/2010		

**Reviewer Comments
Water Type Modification**

Attention Reviewers: DNR will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____ Date _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				Y
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon – Yakama Tribe				Y
Other: Ruby Peone - CCT				Y
Other: Rose Gerlinger - CCT				Y

Approve change Disapprove change

Reasons for disapproval

Signature Lynda Hofmann Date 9/20/10
 Proponent and reviewers notified of decision by Jacob L. Smolen on 9-20-10
 Change entered in GIS by _____ on _____
 (Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE 48-100399
WRIA # 48

Form with 14 numbered sections: 1. Water Reference Id, 2. Name of Water, 3. Tributary To, 4. Legal Description, 5. County, 6. Water Type Shown on Map, 7. Proposed Water Type, 8. Date of Field Visit, 9. Forest Practices Application Number(s), 10. Change is based on the following, 11. Water levels in the survey area were, 12. The water type break was determined by, 13. Are there any fish passage barriers, 14. Is there evidence of mass wasting or scouring events? Includes signature of Roy Cuzick.



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
[x] *Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE-48-10-0100
WRIA # 4B

1. *Water Reference Id M
2. Name of Water None
3. Tributary To None
4. *Legal Description (1/4 Section, Township, Range, E/W) S 9 & 17, T 31 R 23 (SEE MAP)
5. *County Okanogan
6. Water Type Shown on Map U
7. Proposed Water Type Removal from layer
8. *Date of Field Visit 11/17/09 & 06/09/10
9. *Forest Practices Application Number(s) (if applicable)
10. Change is based on the following (check all that apply).
[x] Physical characteristics - describe: No water, PIP., scour, or channel present within identified segment. See question 12, below.
11. Water levels in the survey area were: [x] Normal
12. The water type break was determined by: [x] Stopping at end of harvest or property boundary
13. Are there any fish passage barriers downstream of the surveyed stream segment(s):
14. Is there evidence of mass wasting or scouring events? [x] No
*Proponent name and signature: Roy Cuzick
Organization name and address: Washington Department of Natural Resources, South Okanogan District
Telephone number: 509-684-7474

Region Reference Number – DNR Use Only			
Region	WRIA	Year	Number
N	E	- 4 8	- 1 0 - 0 4 0 0
Comment Due Date (DNR USE ONLY)			08/30/2010

**Reviewer Comments
Water Type Modification**

Attention Reviewers: DNR will make a decision by the Comment Due Date. Your comments only will be considered if they are received on or before the Comment Due Date. Return this completed form by mail, fax, or e-mail to the appropriate DNR Region office.

Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

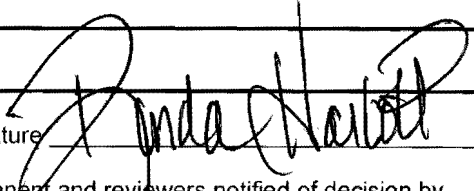
Signature _____ Date _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				X
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon – Yakama Tribe				X
Other: Ruby Peone - CCT				X
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

Reasons for disapproval

Signature  Date 9/20/10

Proponent and reviewers notified of decision by Joeh L Smiles on 9-20-10
(Name) (Date)

Change entered in GIS by _____ on _____
(Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE-48-10-0401
WRIA # 4B

Form with 14 numbered sections: 1. Water Reference Id, 2. Name of Water, 3. Tributary To, 4. Legal Description, 5. County, 6. Water Type Shown on Map, 7. Proposed Water Type, 8. Date of Field Visit, 9. Forest Practices Application Number(s), 10. Change is based on the following, 11. Water levels in the survey area were, 12. The water type break was determined by, 13. Are there any fish passage barriers, 14. Is there evidence of mass wasting or scouring events. Includes signature of Roy Cuzick.

Region Reference Number - DNR Use Only												
Region		WRIA		Year		Number						
N	E	-	4	8	-	1	0	-	0	4	0	1
Comment Due Date (DNR USE ONLY)												
08/30/2010												

**Reviewer Comments
Water Type Modification**

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Reviewer's Name: _____ **Reviewer's Affiliation:** _____

Reviewer's Phone Number: _____ **Reviewer's E-Mail:** _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____ **Date** _____
 (Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				X
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon - Yakama Tribe				X
Other: Ruby Peone - CCT				X
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

Reasons for disapproval

Signature *Lynda Hofmann* Date 9/20/10
 Proponent and reviewers notified of decision by *Jaehi L. Smith* on 9-20-10
 Change entered in GIS by _____ on _____
 (Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
*Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE-48-10-0402
WRIA # 4B

1. *Water Reference Id O
2. Name of Water None
3. Tributary To None
4. *Legal Description (1/4 Section, Township, Range, E/W) S 9, T 31 R 23 (SEE MAP)
5. *County Okanogan
6. Water Type Shown on Map N
7. Proposed Water Type Removal from layer
8. *Date of Field Visit 11/17/09 & 06/09/10
9. *Forest Practices Application Number(s) (if applicable)
10. Change is based on the following (check all that apply).
11. Water levels in the survey area were: [] Above Normal [x] Normal [] Below Normal
12. The water type break was determined by:
13. Are there any fish passage barriers downstream of the surveyed stream segment(s):
14. Is there evidence of mass wasting or scouring events?
*Proponent name and signature
Organization name and address
Telephone number
Surveyor name
Organization name and address
Telephone number

Region Reference Number - DNR Use Only			
Region	WRIA	Year	Number
N	E	-48	-10-0402
Comment Due Date (DNR USE ONLY)			08/30/2010

**Reviewer Comments
Water Type Modification**

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Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

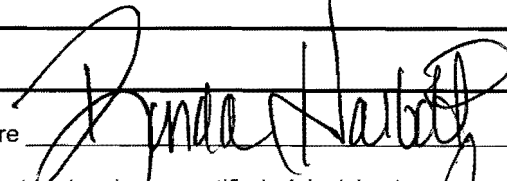
Signature _____ Date _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				X
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon - Yakama Tribe				X
Other: Ruby Peone - CCT				X
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

Reasons for disapproval

Signature  Date 9/20/10

Proponent and reviewers notified of decision by Jackie L. Loren on 9-20-10
(Name) (Date)

Change entered in GIS by _____ on _____
(Name) (Date)

Region Reference Number – DNR Use Only												
Region	WRIA	Year	Number									
N	E	-	4	8	-	1	0	-	0	4	0	3
Comment Due Date (DNR USE ONLY)												
08/30/2010												

**Reviewer Comments
Water Type Modification**

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Reviewer's Name: _____ Reviewer's Affiliation: _____

Reviewer's Phone Number: _____ Reviewer's E-Mail: _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____ Date _____
(Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				X
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon – Yakama Tribe				X
Other: Ruby Peone - CCT				X
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

Reasons for disapproval

Signature [Signature] Date 9/20/10

Proponent and reviewers notified of decision by [Signature] on 9-20-10
(Name) (Date)

Change entered in GIS by _____ on _____
(Name) (Date)



Water Type Modification Form (For changes to the Water Type Map)

Check all that apply

- *Adding streams/lakes
[x] *Removing streams/lakes
*Changing location of streams/lakes
Changing water type based on physical characteristics
Changing water type based on protocol survey
Other. Describe

DNR Use Only
Region Name NE
Region Reference Number NE-40-10-0464
WRIA # 40

1. *Water Reference Id Q
2. Name of Water None
3. Tributary To None
4. *Legal Description (1/4 Section, Township, Range, E/W) S 9 & 16, T 31 R 23 (SEE MAP)
5. *County Okanogan
6. Water Type Shown on Map N
7. Proposed Water Type Removal from layer
8. *Date of Field Visit 11/17/09 & 06/09/10
9. *Forest Practices Application Number(s) (if applicable)
10. Change is based on the following (check all that apply).
[x] Physical characteristics - describe: No water, PIP, scour, or channel present within identified segment. See question 12, below.
11. Water levels in the survey area were: [x] Normal
12. The water type break was determined by: [x] Stopping at end of harvest or property boundary
13. Are there any fish passage barriers downstream of the surveyed stream segment(s):
14. Is there evidence of mass wasting or scouring events? [x] No
*Proponent name and signature Roy Cuzick
Organization name and address Washington Department of Natural Resources, South Okanogan District
Telephone number 509-684-7474
Surveyor name

Region Reference Number - DNR Use Only												
Region		WRIA		Year		Number						
N	E	-	4	8	-	1	0	-	0	4	0	4
Comment Due Date (DNR USE ONLY)												
08/30/2010												

**Reviewer Comments
Water Type Modification**

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Reviewer's Name: _____ **Reviewer's Affiliation:** _____

Reviewer's Phone Number: _____ **Reviewer's E-Mail:** _____

Agree with proposed change(s) Disagree with proposed change(s)

Reasons for Agreement or Disagreement (add attachments if necessary):

Signature _____ **Date** _____
 (Signatures are not necessary for e-mailed responses)

DNR Office Summary and Decision

Name of Reviewers	Agree	Disagree	Date Comment Received	No Reply
DNR: Shane Knowlton	X		9/20/10	
WDFW: Lynda Hofmann				Y
DOE: Mark Peterschmidt	X		8/27/10	
Tribe: Jim Matthews/Phil Rigdon - Yakama Tribe				Y
Other: Ruby Peone - CCT				Y
Other: Rose Gerlinger - CCT				X

Approve change Disapprove change

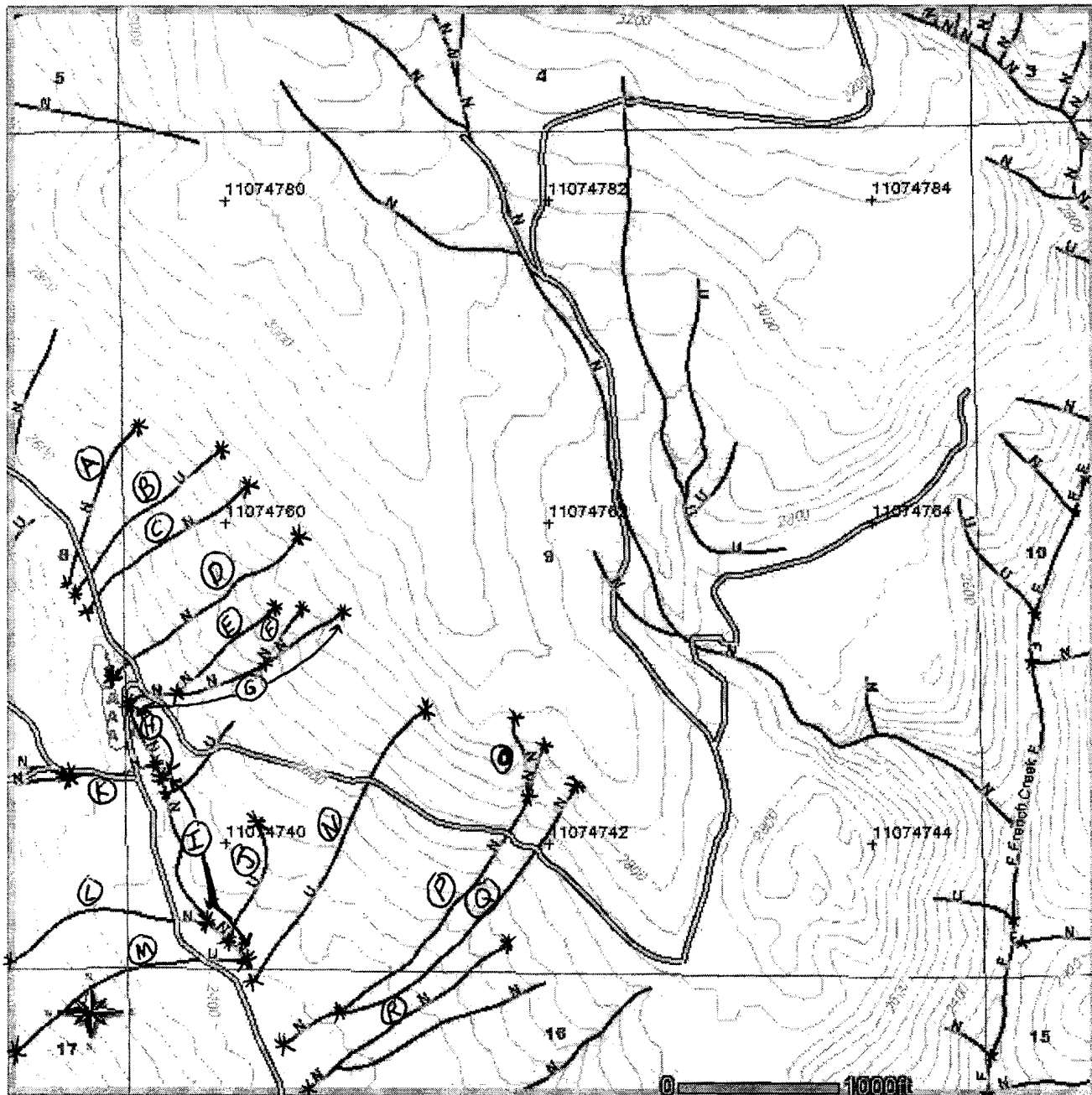
Reasons for disapproval

Signature [Signature] Date 9/20/10
 Proponent and reviewers notified of decision by [Signature] on 9-20-10
 (Name) (Date)
 Change entered in GIS by _____ on _____
 (Name) (Date)

FOREST PRACTICE WATER TYPE MAP

TOWNSHIP 31 NORTH HALF 0, RANGE 23 EAST (W.M.) HALF 0, SECTION 9

Application #: NE-48-10-0388-0401
French Tw. 3 + FZT



Wednesday, April 07, 2010 10:31:19 AM
NAD 83
Contour Interval: 40 Feet

HARBOLT, RONDA (DNR)

From: Peterschmidt, Mark F. (ECY)
Sent: Friday, August 27, 2010 12:07 PM
To: SMOLDON, JACKI (DNR); KNOWLTON, SHANE (DNR); Hofmann, Lynda A (DFW)
Cc: HARBOLT, RONDA (DNR)
Subject: RE: WTM Comments Due 8-30

I concur with WTM 48-10-0388 through 0414 Mark Peterschmidt, Ecology WQ

-----Original Message-----

From: SMOLDON, JACKI (DNR)
Sent: Friday, July 30, 2010 2:12 PM
To: KNOWLTON, SHANE (DNR); Hofmann, Lynda A (DFW); Peterschmidt, Mark F. (ECY); Jim Matthews; prigdon@yakama.com
Cc: HARBOLT, RONDA (DNR)
Subject: WTM Comments Due 8-30

Jacki Smoldon
Department of Natural Resources
NE Forest Practices
Natural Resources Tech II
509-684-7474
jacki.smoldon@dnr.wa.gov

The message is ready to be sent with the following file or link attachments:

NE-48-10-0388-0404.pdf

Note: To protect against computer viruses, e-mail programs may prevent sending or receiving certain types of file attachments. Check your e-mail security settings to determine how attachments are handled.