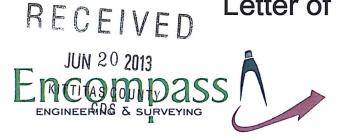
Letter of Transmittal

Date: 6-19-13

Attn: JEFF



To: KITTITAS COUNTY CDS &

KITTITAS COUNTY HEALTH

Western Washington Division

165 NE Juniper St., Suite 201, Issaquah, WA 98027 Tel (425) 392-0250 Fax (425) 391-3055

Eastern Washington Division 108 East 2nd Street, Cle Elum, WA 98922 Tel (509) 674-7433 Fax (509) 674-7419

Job No. 07067-1

ELLENSBURG WA				Re: O'KEEFE NO. 2 SHORT PLAT SP-12-00006						
WE ARE SENDING YOU Attached Under separate cover via overnight mail/regular mail the following items:										
PRINTS	PLA	PLANS		OP INGS	COPY OF LETTER	CHANGE ORDER	SAMPLES	SPECIFICATIONS	SUBMITTAL	
COPIES	COPIES DATE		NO.		DESCRIPTION					
2				MYLA	LARS OF SHEET 1 OF 2 TO REPLACE PRIOR SHEET 1 OF 2 SUBMITTED					
				MARCH 27, 2013						
1				COPY OF APPLICATION FOR INDIVIDUAL WELL SITE REVIEW & RECEIPT FROM						
		COUNTY FOR THE WELL SITE REVIEW FEE & WELL LOG								
									J	
THESE ARE TRANSMITTED as checked below:										
For approval			Арр	roved a	s submitted	□ Resubmit	□ Resubmit copies for approval □ For signatur			
□ For your use □ App				proved as noted						
□ As r	equested		□ Ret	urned for corrections Return corrected prints						
□ For review and comment										
□ FOR BIDS DUE				□ PRINTS RETURNED AFTER LOAN TO US						
REMARKS:										
NEW WELL LOCATED AND PLACED ON REVISED MYLAR PER HEALTH DEPARTMENT. PLEASE REPLACE PRIOR MYLAR WITH THIS UPDATED MYLAR.										
Signature:										
Copy to: File										