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# Letter of Transmittal



**Western Washington Division**  
 165 NE Juniper St., Suite 201, Issaquah, WA 98027  
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**Eastern Washington Division**  
 108 East 2<sup>nd</sup> Street, Cle Elum, WA 98922  
 Tel (509) 674-7433 Fax (509) 674-7419

**To: KITTITAS COUNTY CDS & KITTITAS COUNTY HEALTH ELLENSBURG WA**      **Date: 6-19-13**      **Job No. 07067-1**  
**Attn: JEFF**  
**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	PLANS	SHOP DRAWINGS	COPY OF LETTER	CHANGE ORDER	SAMPLES	SPECIFICATIONS	SUBMITTAL

COPIES	DATE	NO.	DESCRIPTION
2		1	MYLARS 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 <i>± Well Log</i>

**THESE ARE TRANSMITTED as checked below:**

- For approval       Approved as submitted       Resubmit \_\_\_\_ copies for approval       For signature
- For your use       Approved as noted       Submit \_\_\_\_ copies for distribution
- As requested       Returned 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: *Ginger Jensen*      Title: ENGR. & SURV. TECH.

Copy to: File