

16. Landowner Willingness Form

Landowner Information:

Name of Organization responsible for maintaining State Route 207: WSDOT

Contact Information:

X Mr. ☐ Ms. Title: NCR Planning Manager

First Name: Dave Last Name: Honsinger

Contact Mailing Address:

North Central Region

P.O. Box 98

Wenatchee, WA 98807-0098

Contact E-Mail Address:

HonsinD@WSDOT.WA.GOV

Property Address or Location:

SR 207

I certify that WSDOT has prescriptive rights* to use and maintain the section of State Route 207 described in this grant application to the Salmon Recovery Funding Board (SRFB). I am aware the project is being proposed on said property. My signature authorizes the applicant listed below to seek funding for project implementation, however, does not represent authorization of project implementation.


WSDOT Signature

9/12/06
Date

*WSDOT has a Memorandum of Understanding with the USDA Forest Service regarding activities involving highways on National Forest System Land.

Project Applicant Information

Project Name: Nason Creek Oxbow Reconnection Project

Project Applicant Contact Information:

X Mr. ☐ Ms. Title: Habitat Program Manager

First Name: Alan Last Name: Schmidt

Contact Mailing Address:

Chelan County Natural Resources Department

Habitat Program Manager

316 Washington St. Suite 401

Wenatchee, WA 98801

Contact E-Mail Address: Alan.Schmidt@CO.CHELAN.WA.US

Lead Entity Organization: Chelan County