

ATTACHMENT C

Lipan-Kickapoo Water Conservation District

P.O. Box 67

Vancourt, Texas 76955

Ph: 325-469-3988 Fax: 325-469-3989

Email: lkwd@airmail.net

August 6, 2008

Subject: Lipan-Kickapoo WCD Management Plan

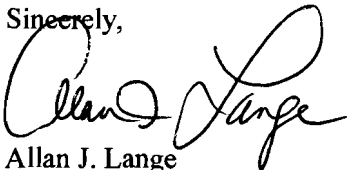
Under §36.1071, Texas Water Code, as amended, the Lipan-Kickapoo WCD is required to coordinate with surface water entities located within the district in preparation of its management plan. Although there is only one surface water entity located within the district's boundaries, the district submitted a copy of the draft 10-year management plan not only to the Tom Green County Water Control and Improvement District #1 that is located within the District boundaries, but also to the surface water entities that have storage either in the district, partially in the district, or adjacent to the district for review and comments. The surface water entities that received copies of the draft management plan included:

- 1) Tom Green County Water Control Water Control and Improvement District #1
- 2) City of San Angelo
- 3) Upper Colorado River Authority
- 4) City of Winters
- 5) Colorado River Municipal Water District
- 6) City of Ballinger
- 7) Region F Regional Water Planning Group.

Comments or suggestions were requested to be submitted to the District by May 7, 2008. No comments or suggestions were received by the District.

Copies of the cover letters and certified mail receipts are enclosed.

Sincerely,



Allan J. Lange

General Manager

Lipan-Kickapoo Water Conservation District

P.O. Box 67
Vancourt, Texas 76955
Ph: 325-469-3988 Fax: 325-469-3989
Email: lkwcd@airmail.net

April 11, 2008

Mr. Yantis Green
District Manager
Tom Green County Water Control and Improvement District #1
PO Box 488
Veribest, TX 76866

Subject: Lipan-Kickapoo WCD Management Plan - DRAFT

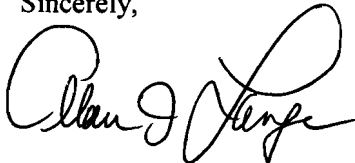
Dear Mr. Green:

The Lipan-Kickapoo WCD has drafted a new 10 year management plan to replace the one adopted in 1998 that is set to expire later this year. Under §36.1072, Texas Water Code, as amended, the District must adopt a new plan every ten years and submit it to the Texas Water Development Board for review and approval.

Under §36.1071, Texas Water Code, as amended, the District is required to coordinate with surface water entities in preparation of its management plan. In compliance with this chapter of the water code, the District is submitting to you a copy of the new draft management plan for your review and comments.

Please review this management plan and submit any comments or suggestions to the District by May 7, 2008. If you have any questions or want additional information, as you review this plan, please contact me at 469-3988. We appreciate your attention and cooperation in reviewing this management plan.

Sincerely,



Allan J. Lange
General Manager

enclosures

Lipan-Kickapoo Water Conservation District

P.O. Box 67
Vancourt, Texas 76955
Ph: 325-469-3988 Fax: 325-469-3989
Email: lkxcd@airmail.net

April 9, 2008

Mr. W.H. Wilde
City of San Angelo
PO Box 1751
San Angelo, Texas 76902

Subject: Lipan-Kickapoo WCD Management Plan - DRAFT

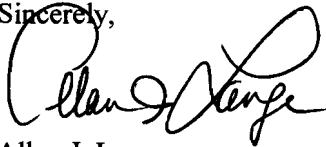
Dear Mr. Wilde:

The Lipan-Kickapoo WCD has drafted a new 10 year management plan to replace the one adopted in 1998 that is set to expire later this year. Under §36.1072, Texas Water Code, as amended, the District must adopt a new plan every ten years and submit it to the Texas Water Development Board for review and approval.

Under §36.1071, Texas Water Code, as amended, the District is required to coordinate with surface water entities in preparation of its management plan. In compliance with this chapter of the water code, the District is submitting to you a copy of the new draft management plan for your review and comments.

Please review this management plan and submit any comments or suggestions to the District by May 7, 2008. If you have any questions or want additional information, as you review this plan, please contact me at 469-3988. We appreciate your attention and cooperation in reviewing this management plan.

Sincerely,



Allan J. Lange
General Manager

enclosures

Lipan-Kickapoo Water Conservation District

P.O. Box 67
Vancourt, Texas 76955
Ph: 325-469-3988 Fax: 325-469-3989
Email: lkwcd@airmail.net

April 9, 2008

Mr. Stephen Brown
Upper Colorado River Authority
512 Orient
San Angelo, Texas 76903

Subject: Lipan-Kickapoo WCD Management Plan - DRAFT

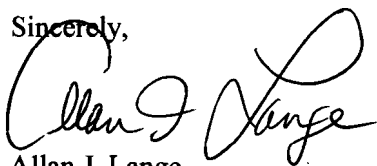
Dear Mr. Brown:

The Lipan-Kickapoo WCD has drafted a new 10 year management plan to replace the one adopted in 1998 that is set to expire later this year. Under §36.1072, Texas Water Code, as amended, the District must adopt a new plan every ten years and submit it to the Texas Water Development Board for review and approval.

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Please review this management plan and submit any comments or suggestions to the District by May 7, 2008. If you have any questions or want additional information, as you review this plan, please contact me at 469-3988. We appreciate your attention and cooperation in reviewing this management plan.

Sincerely,



Allan J. Lange
General Manager

enclosures

Lipan-Kickapoo Water Conservation District

P.O. Box 67
Vancourt, Texas 76955
Ph: 325-469-3988 Fax: 325-469-3989
Email: lkwcd@airmail.net

April 9, 2008

Mr. Aref Hassan
City of Winters
310 South Main
Winters, Texas 79567

Subject: Lipan-Kickapoo WCD 10 Year Management Plan - DRAFT

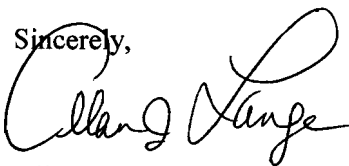
Dear Mr. Hassan:

The Lipan-Kickapoo WCD has drafted a new 10 year management plan to replace the one adopted in 1998 that is set to expire later this year. Under §36.1072, Texas Water Code, as amended, the District must adopt a new plan every ten years and submit it to the Texas Water Development Board for review and approval.

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Please review this management plan and submit any comments or suggestions to the District by May 7, 2008. If you have any questions or want additional information, as you review this plan, please contact me toll free at (866) 469-3988. We appreciate your attention and cooperation in reviewing this management plan.

Sincerely,



Allan J. Lange
General Manager

enclosures

Lipan-Kickapoo Water Conservation District

P.O. Box 67
Vancourt, Texas 76955
Ph: 325-469-3988 Fax: 325-469-3989
Email: lkxcd@airmail.net

April 9, 2008

Mr. John Grant
General Manager
Colorado River Municipal Water District
P.O. Box 869
Big Spring, Texas 79721-0869

Subject: Lipan-Kickapoo WCD Management Plan - DRAFT

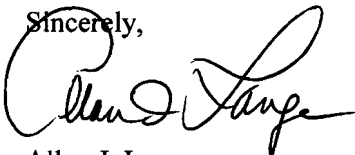
Dear Mr. Grant:

The Lipan-Kickapoo WCD has drafted a new 10 year management plan to replace the one adopted in 1998 that is set to expire later this year. Under §36.1072, Texas Water Code, as amended, the District must adopt a new plan every ten years and submit it to the Texas Water Development Board for review and approval.

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Sincerely,



Allan J. Lange
General Manager

enclosures

Lipan-Kickapoo Water Conservation District

P.O. Box 67
Vancourt, Texas 76955
Ph: 325-469-3988 Fax: 325-469-3989
Email: lkwcd@airmail.net

April 9, 2008

Mr. Tommy New
City of Ballinger
PO Box 497
Ballinger, Texas 76821

Subject: Lipan-Kickapoo WCD Management Plan - DRAFT

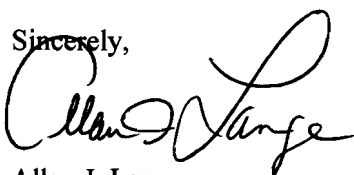
Dear Mr. New:

The Lipan-Kickapoo WCD has drafted a new 10 year management plan to replace the one adopted in 1998 that is set to expire later this year. Under §36.1072, Texas Water Code, as amended, the District must adopt a new plan every ten years and submit it to the Texas Water Development Board for review and approval.

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Sincerely,



Allan J. Lange
General Manager

enclosures

Lipan-Kickapoo Water Conservation District

P.O. Box 67
Vancourt, Texas 76955
Ph: 325-469-3988 Fax: 325-469-3989
Email: lkxcd@airmail.net

April 9, 2008

Mr. John Grant
President
Region F Regional Water Planning Group
P.O. Box 869
Big Spring, Texas 79721-0869

Subject: Lipan-Kickapoo WCD Management Plan - DRAFT

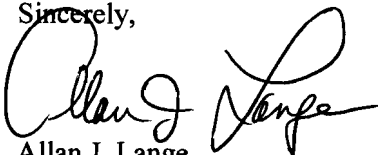
Dear Mr. Grant:

The Lipan-Kickapoo WCD has drafted a new 10 year management plan to replace the one adopted in 1998 that is set to expire later this year. Under §36.1072, Texas Water Code, as amended, the District must adopt a new plan every ten years and submit it to the Texas Water Development Board for review and approval.

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Sincerely,



Allan J. Lange
General Manager

enclosures

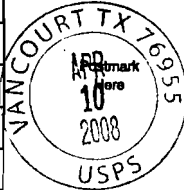
7005 0390 0004 6558 7676

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11



Sent To MR. STEPHEN BROWN
UPPER COLORADO RIVER AUTHORITY
Street, Apt. No., or PO Box No. 512 ORIENT
City, State, ZIP+4[®] SAN ANGELO TX 76903

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
MR. STEPHEN BROWN
UPPER COLORADO RIVER
AUTHORITY
512 ORIENT
SAN ANGELO, TX
76903

2. Article Number (Transfer from serv.) 7005 0390 0004 6558 7676

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
[Signature]

C. Date of Delivery 4-11-08

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

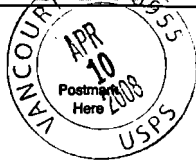
7005 0390 0004 6558 7683

U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11



Sent To MR. AREF HASSAN
CITY OF WINTERS
Street, Apt. No., or PO Box No. 310 S. MAIN
City, State, ZIP+4[®] WINTERS TX 79567

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
MR. AREF HASSAN
CITY OF WINTERS
310 S. MAIN
WINTERS, TX 79567

2. Article Number (Transfer fr) 7005 0390 0004 6558 7683

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
[Signature]

C. Date of Delivery 4-11-08

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

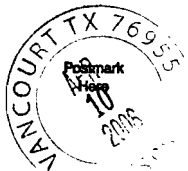
7005 0390 0004 6558 7669

U.S. Postal ServiceTM
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For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11



Sent To MR. W. H. WILDE - CITY OF SAN ANGELO
Street, Apt. No., or PO Box No. P.O. BOX 1751
City, State, ZIP+4[®] SAN ANGELO TX 76902

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
MR. W. H. WILDE
CITY OF SAN ANGELO
P.O. BOX 1751
SAN ANGELO, TX
76902

2. Article Number (Transfer from) 7005 0390 0004 6558 7669

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
[Signature]

C. Date of Delivery 4-11-08

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7005 0390 0004 6558 7690

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

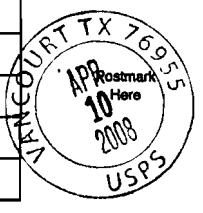
For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11

Sent To MR. JOHN GRANT, PRESIDENT
REGION F REGIONAL WATER
PLANNING GROUP
P.O. Box 869
BIG SPRING TX 79721

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
MR. JOHN GRANT, PRESIDENT
REGION F REGIONAL
WATER PLANNING GROUP
P.O. BOX 869
BIG SPRING, TX
79721-0869

2. Article Number (Transfer from service) 7005 0390 0004 6558 7690

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Debbie Butts

B. Received by (Printed Name) Debbie Butts C. Date of Delivery 4/11/08

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7005 0390 0004 6558 7645

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

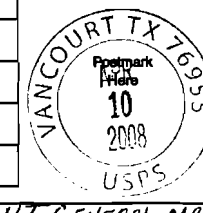
For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11

Sent To MR. JOHN GRANT, GENERAL MGR.
COLORADO RIVER MUNICIPAL WATER DIST.
P.O. Box 869
BIG SPRING, TX 79721-0869

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
MR. JOHN GRANT, GENERAL
MGR. CRMWD
P.O. BOX 869
BIG SPRING, TX
79721-0869

2. Article Num (Transfer fr 7005 0390 0004 6558 7645

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Debbie Butts

B. Received by (Printed Name) Debbie Butts C. Date of Delivery 4/11/08

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7005 0390 0004 6558 7638

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CERTIFIED MAIL™ RECEIPT
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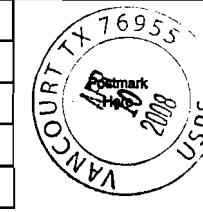
For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$6.11

Sent To MR. TOMMY NEW/CITY OF BALLINGER
P.O. Box 497
BALLINGER TX 76821

PS Form 3800, June 2002 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
MR. TOMMY NEW
CITY OF BALLINGER
P.O. BOX 497
BALLINGER, TX
76821

2. Article Number (Transfer from 7005 0390 0004 6558 7638

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Deby Legg

B. Received by (Printed Name) Deby Legg C. Date of Delivery 04-11-08

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

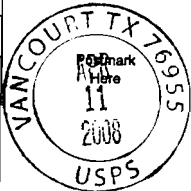
7005 0390 0004 6558 7799

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

OFFICIAL USE

Postage	\$ 1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11



Sent To Yantis Green
 Street, Apt. No. or PO Box No. P.O. Box 488
 City, State, ZIP+4 Veribest TX 76866

PS Form 3800, June 2002 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:
Mr. Yantis Green, Dist Mgr.
TGC Water Control &
Improvement District #1
P.O. Box 488
Veribest, TX 76866

2. Article Numt 7005 0390 0004 6558 7799
 (Transfer from)

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Yantis Green Agent Addressee

B. Received by (Printed Name) Yantis Green C. Date of Delivery 4/18/08

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes