



Water Resources Program
APPLICATION FOR CHANGE PROGRESS SHEET

WR ID #: 5645949 Application No. CS4-01744sb10 WRIA/COUNTY: 39 Kittitas
Court Claim 01744 (Sub 10 Kittitas)
06-30-1869 (CFO=S4-84503-J)

Table with 2 columns: Applicant(s), Contact(s) /Agent. Applicant: Thomas Ringer and Karen Hernandez, 5750 Number 6 Road, Ellensburg WA 98926-6701, 509.925.6343.

PURPOSE OF APPLICATION: Temp Donation 03-01-2013 to 02-28-2014

Original Water Right Holder: Thomas J Ringer - Court Claim 01744 (Sub 10 Kittitas) 06-30-1869 (CFO=S4-84503-J)

ASSIGNED (SEE BACK OF PAGE)

Date Application received: February 28, 2013 Initial fee rec'd: Yes No

Additional fee: \$ Date requested: Date rec'd:

PUBLICATION:

Prepared by: Date: Date Notice sent:

Amended Notice:

Date Affidavit rec'd: Checked by: Protest period expires:

WDFW: State DOH: USBR: TRIBES:

PROTESTS: Date: By (name):

Date: By (name):

Date: By (name):

Change ROE written by: Date ROE mailed:

Trust Water Donation: 1-7-14 Extensions: 12/31/15?

EXPIRED 02-28-2014

DEVELOPMENT SCHEDULE

Beginning of Construction (BC): Due date:

Date sent: Date rec'd:

Extensions:

Completion of Construction (CC): Due date:

Date sent: Date rec'd:

Extensions:

Project Completion (PA): Due date:

Date sent: Date rec'd:

Extensions:

Superseding Permit No. Issued:

Superseding Certificate No. Issued:

Certificate of Change (on Claims) Vol. 1-4, Page Issued:

Date Certificate fees requested: Date received:

REMARKS:

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXCISE TAX

Assignment received: _____ Assignment approved: _____

Assigned To: _____
Address: _____
Phone: _____

| | |
|---|-------|
| Submitted to Department of Revenue | |
| Date: | _____ |
| Initial: | _____ |

Copy of Application/ROE/Permit sent to assignee

Assignment received: _____ Assignment approved: _____

Assigned To: _____
Address: _____
Phone: _____

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|---|-------|
| Submitted to Department of Revenue | |
| Date: | _____ |
| Initial: | _____ |

Copy of Application/ROE/Permit sent to assignee

Assignment received: _____ Assignment approved: _____

Assigned To: _____
Address: _____
Phone: _____

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|---|-------|
| Submitted to Department of Revenue | |
| Date: | _____ |
| Initial: | _____ |

Copy of Application/ROE/Permit sent to assignee

Assignment received: _____ Assignment approved: _____

Assigned To: _____
Address: _____
Phone: _____

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|---|-------|
| Submitted to Department of Revenue | |
| Date: | _____ |
| Initial: | _____ |

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