



**Water Resources Program
APPLICATION FOR CHANGE PROGRESS SHEET**

WR ID #: 5355765

Application No. CS4-09550C@2

WRIA/COUNTY: 47 Chelan

(19075 / 14033 / 09550)

CHEL-12-04

Applicant(s):	Contact(s) /Agent:
Bear Mountain Water District PO Box 3091 Chelan WA 98816-3091 509.682.5444	Marc Marquis, Attorney Peterson & Marquis 1227 1 st Street Wenatchee WA 98801-1913 509.679.0337

PURPOSE OF APPLICATION: Add purpose; Add POD; Chg POU (to split into 1 more for Miller)

Original Water Right Holder: Bear Mountain Water District CS4-09550C CHEL-08-10 ChROE-Mod dated 08-22-2011 (19075 / 14033 / 09550) (orig: S4-*19075CWRIS)

ASSIGNED (SEE BACK OF PAGE)

Date Application received: July 13, 2012 Initial fee rec'd: Yes No

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

PUBLICATION:

Prepared by: _____ Date: _____ Date Notice sent: _____

Date Affidavit rec'd: 07-18-2012 Checked by: CHR Amended Notice: _____ Protest period expires: 08-29-2012

WDFW: _____

PROTEST:

CS4-09550C@2 (CHEL-12-04) ChROE-MOD dated 11-30-2012 SPLIT (A) into A & B			
5355765	CS4-09550C@2	Bear Mountain Water District	ChROE INACTIVE
5524229	CS4-09550C@2(A)	Bear Mountain Water District	ChROE ACTIVE
5524244	CS4-09550C@2(B)	Stephen & Kathy Miller	ChROE ACTIVE

Date: _____ By (name): _____

Change ROE written by: _____ Date ROE mailed: 11-30-2012 mod

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 Certificate No. S4-SWC09550 Issued: _____
 Bear Mountain Water District: _____
 Stephen H & Kathy L Miller: _____

Date Certificate fees requested: _____ Date received: _____

REMARKS: 45-day HR mailed 9/24/12

ORIGINAL APPLICANT: Bear Mountain Water District

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: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____

Copy of Application/ROE/Permit sent to assignee

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: _____

Submitted to Department of Revenue	
Date:	_____
Initial:	_____

Copy of Application/ROE/Permit sent to assignee

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Assigned To: _____
Address: _____
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Phone: _____

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Date:	_____
Initial:	_____

Copy of Application/ROE/Permit sent to assignee