

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

Rejected
3-15-2016

SURFACE WATER

GROUND WATER

NAME: David Anthony Weeks
TELEPHONE NO.: (509) 522-1073

ADDRESS: ~~1360 Lowell Drive~~ *Po Box 2311*
CITY: Walla Walla
STATE: WA
ZIP CODE: 99360 *2*

ASSIGNED TO: _____ TELEPHONE NO.: _____ DATE ASSIGNED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

APPLICATION NO.: G3-30324
PERMIT NO.: *2088722*
CERTIFICATE NO.:

DATE AMENDED: _____ DATE CANCELLED: _____ W.R.I.A.: 32

APPLICATION

DATE APPLICATION RECEIVED: November 30, 1999
INITIAL \$10.00 FEE RECEIVED: YES NO
DATE FEE RECEIVED: November 30, 1999

STATEMENT OF ADDITIONAL EXAMINATION FEE \$: _____ DATE SENT: _____ DATE RECEIVED: _____

DATE RETURNED FOR COMPLETION OR CORRECTION: _____ DATE RECEIVED: _____

TEMPORARY PERMIT

APPROVED BY: _____ DATE ISSUED: _____

Union Bulletin or Waitsburg Times PUBLICATION

APPROVED BY: _____ DATE APPROVED: _____ DATE NOTICE SENT: _____

PROTESTED BY & DATE: _____

DATE AFFIDAVIT RECEIVED: _____ CHECKED BY: _____ TIME EXPIRED: _____ DATE AMENDED NOTICE SENT: _____ DATE AFFIDAVIT RECEIVED: _____ TIME EXPIRED: _____

DEPARTMENT OF FISH & GAME REPORT

APPROVED: _____ PROVISIO: _____ PROTEST: _____

EXAMINATION

DATE EXAMINATION MADE: _____ MADE BY: _____ DATE REPORT OF EXAM. WRITTEN: _____ WRITTEN BY: _____ CHECKED BY: _____

DATE PERMIT FEE REQUESTED: _____ AMOUNT DUE: _____ DATE RECEIVED: _____

PERMIT

PERMIT APPROVED BY: _____ DATE APPROVED: _____ PERMIT NO.: _____ DATE ISSUED: _____

BEGINNING OF CONSTRUCTION

DATE NOTICE SENT: _____ DATE FILED: _____ EXTENSION FEE: _____

EXTENDED TO: _____ EXTENDED TO: _____

WELL DRILLER'S AND/OR CONSTRUCTION REPORT

DATE SENT: _____ DATE FILED: _____

COMPLETION OF CONSTRUCTION

DATE NOTICE SENT: _____ DATE FILED: _____ EXTENSION FEE: _____

EXTENDED TO: _____ EXTENDED TO: _____

PROOF OF APPROPRIATION

DATE SENT: _____ DATE FILED: _____ EXTENSION FEE: _____ EXTENDED TO: _____

DATE CERT. FEE REQUESTED: _____ AMOUNT DUE: _____ DATE RECEIVED: _____ DATE APPROVED FOR CERTIFICATE: _____ APPROVED BY: _____

CERTIFICATION

PROOF EXAM REQUIRED: YES NO
CERTIFICATE NUMBER: _____ DATE ISSUED: _____

CC:

Walla Walla River Basin