

Withdrawn  
1-14-2016

STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

COMPUTER INPUT

- APPLICATION
- PERMIT
- CERTIFICATE
- OTHER

PROGRESS SHEET

SURFACE WATER       GROUND WATER

NAME TOWN OF COLTON			TELEPHONE NO. 229-3887
ADDRESS 706 BROADWAY P.O. BOX 157	(CITY) COLTON	(STATE) WA	(ZIP CODE) 99113-0157

ASSIGNED TO	TELEPHONE NO.	DATE ASSIGNED
ADDRESS	(CITY)	(STATE) (ZIP CODE)

APPLICATION NO. 2144013	PERMIT NO. G329664	CERTIFICATION NO.
DATE AMENDED	DATE CANCELLED	W.R.I.A. 34

APPLICATION

DATE APPLICATION RECEIVED April 6, 1994	INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE FEE RECEIVED April 6, 1994
STATEMENT OF ADDITIONAL EXAMINATION FEE \$	DATE SENT	DATE RECEIVED
DATE RETURNED FOR COMPLETION OR CORRECTION	DATE RECEIVED	

TEMPORARY PERMIT

APPROVED BY	DATE ISSUED
-------------	-------------

PUBLICATION

APPROVED BY Dullman Daily News G.D.	DATE APPROVED 5-5-94	DATE NOTICE SENT June 6, 1994
PROTESTED BY AND DATE		

DATE AFFIDAVIT RECEIVED 7-11-94	CHECKED BY GD	TIME EXPIRED 7-21-94	DATE AMENDED NOTICE SENT 1-18-96	DATE AFFIDAVIT RECEIVED 2-21-96	TIME EXPIRED 3-4-96
------------------------------------	------------------	-------------------------	-------------------------------------	------------------------------------	------------------------

DEPARTMENT OF GAME AND FISHERIES REPORT

APPROVED	PROVISO	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 CERTIFICATE FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	DATE APPROVED FOR CERTIFICATE	APPROVED BY

CERTIFICATION

PROOF EXAM. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE NUMBER	DATE ISSUED
--	--------------------	-------------

REMARKS