

PROGRESS SHEET – APPLICATION FOR CHANGE/TRANSFER

NAME: **City of Othello**
 500 East Main Street
 Othello, WA 99344

PHONE: 509-488-5686
 EMAIL: tclements@othellowa.gov

ASSIGNED (SEE BACK OF PAGE)

APP. NO.	PERMIT NO. G3-25933	CERT. NO. 36/41	CERT. OF CHANGE NO(S)
ADAMS COUNTY ADAM-13-05	WRIA		WRTS No. CG3-25933@2 ID No. 5884073

Special Area: _____ Superseding Doc. ID No. 6129610

PURPOSE OF APPLICATION: Change POW – (Well 9)

Date Application received: September 3, 2013

Statement of additional fee sent: _____ Amount: \$ _____ Date fee received: _____

Returned for completion or correction: _____ Received: _____

Application mapped by: RD date: 9-24-2013

PUBLICATION:

Newspaper: **ACWCB**

OK'd by: _____

Date Notice Sent _____

Date Affidavit received: _____

Time expires: _____

Checked by: _____

Date: _____

Protests: _____

Fee rcvd _____

SEPA REQUIRED NO - EXEMPT

FIELD Examination by: _____ date: _____

ROE map checked by: _____ date: _____

DATE CHANGE ROE ISSUED: _____ Approved Denied

DEVELOPMENT SCHEDULE:

BC due: 11-1-2014 BC rcvd: _____ ext: _____

CC due: 11-1-2016 CC rcvd: _____ ext: _____

PA due: 11-1-2020 PA rcvd: _____ ext: _____

PA FIELD EXAMINATION REQUIRED – DATE: _____ BY: _____

Change/Transfer to be processed by Adams County Water Conservancy Board

ROD received: <u>12-3-2013</u>	45 day review period ends: <u>1-17-2014</u>	Review Period Extended to: <u>2-16-2014</u>	Ecy Decision Mailed: <u>1-28-2014</u> <i>Modified</i>
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DATE SUPERSEDING DOCUMENT ISSUED: _____

Interested Parties List on reverse side

Superseding permit issued 3-4-2014

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXCISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Mailed assignee copy of current App/ROE date: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Mailed assignee copy of current App/ROE date: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

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Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Mailed assignee copy of current App/ROE date: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

INTERESTED PARTIES	CONTACT METHOD	BY	DATE