

PROGRESS SHEET - APPLICATION FOR WATER RIGHT  
 SURFACE WATER     GROUND WATER

NAME: City of Pasco - Public Works Department  
ADDRESS: 525 North Third Avenue - P.O. Box 293, Pasco, Washington 99301  
PHONE: 509-543-5738

ASSIGNED (SEE BACK OF PAGE)

FRANKLIN COUNTY

WRIA

36

WRTS No. S3-30646

ID No. 4925327

APPLICATION NO.: **S3-30646**

PRIORITY DATE: **9-8-2011**

Date App rcvd: **9-8-2011**

Date fee rcvd: **9-8-2011**

Amount \$50.00 Check No.: **19-10 1250**

Statement of additional exam. Fee Rcvd: \_\_\_\_\_ Amount **\$3,820** Check No.: \_\_\_\_\_

Application mapped by: \_\_\_\_\_ date: \_\_\_\_\_

**PUBLICATION:**

Newspaper(s): **Franklin County Graphic OR Tri-City Herald**

OK'd by: \_\_\_\_\_

Date Notice Sent \_\_\_\_\_

Date Affidavit rec'd: \_\_\_\_\_

Time expires: \_\_\_\_\_

Checked by: \_\_\_\_\_

Date: \_\_\_\_\_

Protests: \_\_\_\_\_

Fee rec'd: \_\_\_\_\_

Field Packet sent: \_\_\_\_\_ by: \_\_\_\_\_

**SEPA REQUIRED**     YES     NO - EXEMPT

Checklist requested by: \_\_\_\_\_ date: \_\_\_\_\_ note: \_\_\_\_\_

Checklist fwd to SEPA project manager by: \_\_\_\_\_ date: \_\_\_\_\_

**INTERESTED PARTIES:**

Health, Eastern Drinking Water Operations, Washington State Department of Health, 1500 W 4<sup>th</sup> Ave Suite 305, Spokane, Washington 99204

WDFW, 2315 North Discovery Place, Spokane Valley, Washington 99216

Department of Archaeology & Historic Preservation; P.O. Box 48343, Olympia, Washington 98504-8343; attn: Gretchen.kaehler@dahp.wa.gov

**WDFW COMMENT:**     YES     NO    Note: \_\_\_\_\_

FISH SCREEN:     YES     NO    LOW FLOW PROVISO:     YES     NO

OTHER COMMENT(S): \_\_\_\_\_

**FIELD EXAMINATION REQUIRED:**     YES     NO

EXAMINATION DATE	ROE ISSUED	SUP. ROE ISSUED	PERMIT ISSUED	SUP. PERMIT ISSUED
------------------	------------	-----------------	---------------	--------------------

ROE map checked by: \_\_\_\_\_ date: \_\_\_\_\_

Permit map checked by: \_\_\_\_\_ date: \_\_\_\_\_

**DEVELOPMENT SCHEDULE:**

BC due: \_\_\_\_\_ EXT to: \_\_\_\_\_ BC filed: \_\_\_\_\_

WELL LOG(S) RECEIVED:     YES     NO    Note: \_\_\_\_\_

CC due: \_\_\_\_\_ EXT to: \_\_\_\_\_ CC filed: \_\_\_\_\_

PA due: \_\_\_\_\_ EXT to: \_\_\_\_\_ PA filed: \_\_\_\_\_

METER INSTALLED:     YES     NO    Meter ID No.: \_\_\_\_\_

FISH SCREEN INSTALLED:     YES     NO    Note: \_\_\_\_\_

**PA FIELD EXAMINATION REQUIRED:**     YES     NO

Date examination made: \_\_\_\_\_ By: \_\_\_\_\_

**APPROVED FOR CERTIFICATE:**     YES     NO

Cert. fee: \$ \_\_\_\_\_ Date letter sent: \_\_\_\_\_ Fee rec'd: \_\_\_\_\_ Check No.: \_\_\_\_\_

Certificate map checked by: \_\_\_\_\_ date: \_\_\_\_\_ Date Certificate issued: \_\_\_\_\_

**REJECTED**  
1-19-2012

**ASSIGNMENT INFO:**

**SUBJECT TO REAL ESTATE EXCISE TAX**

Assignment received: \_\_\_\_\_

Assignment approved: \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Copy of Application/ROE/Permit sent to assignee: \_\_\_\_\_

Submitted to Department of Revenue

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Assignment received: \_\_\_\_\_

Assignment approved: \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Copy of Application/ROE/Permit sent to assignee: \_\_\_\_\_

Submitted to Department of Revenue

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Assignment received: \_\_\_\_\_

Assignment approved: \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Copy of Application/ROE/Permit sent to assignee: \_\_\_\_\_

Submitted to Department of Revenue

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Assignment received: \_\_\_\_\_

Assignment approved: \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Copy of Application/ROE/Permit sent to assignee: \_\_\_\_\_

Submitted to Department of Revenue

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Assignment received: \_\_\_\_\_

Assignment approved: \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Copy of Application/ROE/Permit sent to assignee: \_\_\_\_\_

Submitted to Department of Revenue

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Assignment received: \_\_\_\_\_

Assignment approved: \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Copy of Application/ROE/Permit sent to assignee: \_\_\_\_\_

Submitted to Department of Revenue

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Assignment received: \_\_\_\_\_

Assignment approved: \_\_\_\_\_

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Copy of Application/ROE/Permit sent to assignee: \_\_\_\_\_

Submitted to Department of Revenue

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

RECEIVED  
1-16-2011