

PROGRESS SHEET – APPLICATION FOR CHANGE/TRANSFER

SUBJECT TO REAL ESTATE EXCISE TAX? YES NO

NAME: Cliff Sears
Grant County PUD 2
PO Box 878
Ephrata, WA 98823

Copies scanned & e-mailed to Department of Revenue:		
Date:	_____	_____
Initial:	_____	_____
	<i>Chg. Application</i>	<i>ROE/ROD</i>
		<i>Assignment</i>

PHONE: (509) 754-6612

ASSIGNED (SEE BACK OF PAGE)

APP. NO. 5624	PERMIT NO. 5334	CERT. NO. 3784-A	CERT. OF CHANGE NO(S)
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**GRANT COUNTY
GRAN-11-18**

WRIA

41

WRTS No. CG3-*05624C
ID No. 4923033

Superseding: 5239587

PURPOSE OF APPLICATION: Add Six POWs & Change the Place of use

Date Application received: Aug. 29, 2011 Date fee received: _____ Amount: \$N/A
Statement of additional exam sent: _____ Date fee received: _____ Amount: \$ _____
Returned for completion or correction: _____ Received: _____
 Application mapped by: processed date: _____

PUBLICATION: GCWCB Newspaper: _____
OK'd by: _____ Date Notice Sent _____
Date Affidavit received: _____ Time expires: _____
Checked by: _____ Date: _____
 Protests: _____ Fee rcvd _____

SEPA REQUIRED: **NO - EXEMPT**
Checklist requested by: _____ date: _____ note: _____
Checklist fwd to SEPA project manager by: _____ date: _____

FIELD EXAMINATION REQUIRED: YES NO *Super. Cert. Issued*
Examination by: _____ date: _____ *4-19-2012*
 ROE map checked by: _____ date: _____

BC due: _____ BC rcvd: _____ ext: _____
CC due: _____ CC rcvd: _____ ext: _____
PA due: _____ PA rcvd: _____ ext: _____

PA FIELD EXAMINATION REQUIRED – DATE: _____ BY: _____

Date OK'd for CHANGE/TRANSFER: _____ By: _____
 Chg-ROE map checked by: _____ Date: _____
*Statement of Fee Sent: _____ Fee Received: _____
*Cert. Of Change ONLY
Date CHANGE ROE ISSUED: _____ No. _____

Change/Transfer to be processed by Grant County Water Conservancy Board			
ROD received: <i>12-27-11</i>	45 day review period ends: <i>2-10-12</i>	Review Period Extended to:	Ecy Decision Mailed: <i>2-8-2012</i>

Date mailed to interested parties:
 WDFW State DOH County DOH Tribe
 W²FO EhrataFO Other

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 #: _____

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