

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: _____
Chg. Application ROE/ROD Assignment

PHONE: (509) 754-6612

ASSIGNED (SEE BACK OF PAGE)

APP. NO.	PERMIT NO.	CERT. NO. S3-00004C	CERT. OF CHANGE NO(S)
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GRANT/YAKIMA COUNTY
GRAN-11-10

WRIA

36/40

WRTS No. CS3-00004C
ID No. 4923142

Superseding: 5239421

PURPOSE OF APPLICATION: Add 5 wells & 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:

Newspaper:

OK'd by: Date Notice Sent _____
Date Affidavit received: _____ Time expires: _____
Checked by: _____ Date: _____
 Protests: _____ Fee revd _____

SEPA REQUIRED: **NO - EXEMPT**

Checklist requested by: _____ date: _____ note: _____
Checklist fwd to SEPA project manager by: _____ date: _____

FIELD EXAMINATION REQUIRED: YES NO

Examination by: _____ date: _____
 ROE map checked by: _____ date: _____

BC due: _____ BC revd: _____ ext: _____
CC due: _____ CC revd: _____ ext: _____
PA due: _____ PA revd: _____ 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. *Super. Cert. issued 4-19-2012*

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

ROD received: <i>11-28-11</i>	45 day review period ends: <i>1-12-12</i>	Review Period Extended to:	Ecy Decision Mailed: <i>1-11-12 + 1-18-12</i>
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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: _____

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