

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXISE 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: _____

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PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Sravasti Abbey**
692 Country Lane
Newport, Washington 99156-9658

CONTACT: **Ms. Jan Howell, Construction Manager**
509-447-5549

ASSIGNED (SEE BACK OF PAGE)

Rejected 1-31-2013

PEND OREILLE COUNTY
LITTLE SPOKANE RIVER BASIN

WRIA **55 POU & 57 POW**

WRTS No. **G3-30510**

ID No. **4274855**

APPLICATION NO.: **G3-30510**

PRIORITY DATE: **April 3, 2006**

Date App rec'd: **April 3, 2006** Date fee rec'd: **4-3-2006** Amount **\$50.00** Check No.: **1135**

Statement of additional exam. fee: \$ _____ Sent: _____ Rec'd: _____

Returned for completion or correction: _____ Rec'd: _____

Application mapped: _____ by: _____

PUBLICATION:

SPOTTED

Newspaper(s): **Newport Miner**

OK'd by: **K.A. Yerbich**

Date Notice Sent: **June 7, 2006**

Date Affidavit rec'd: **July 3, 2006**

Time expires: **July 28, 2006**

Checked by: **K.A. Ryf**

Date: **July 10, 2006**

Protests: _____

Fee rec'd: _____

INTERESTED PARTIES:

WDFW State DOH County DOH Tribe USBR W²FO EphrataFO _____

WDFW COMMENT: YES NO Note: _____

FISH SCREEN: YES NO LOW FLOW PROVISIO: YES NO

OTHER COMMENT(S): _____

FIELD EXAMINATION REQUIRED: YES NO

EXAMINATION DATE	ROE ISSUED	SUP. ROE ISSUED	PERMIT ISSUED	SUP. PERMIT ISSUED
10/26/2012 <i>Shaw</i>				

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: _____

cc: WDFW, 600 Capitol Way North, Olympia, Washington 98501-1091
Mr. Rudy Peone, Spokane Tribe, P.O. box 100, Wellpinit, Washington 99040
Eastern Drinking Water Operations, WA State Dept Of Health, 1500 W 4th Ave Suite 305, Spokane, WA 99204
Ms Patty Anderson, Env Health-Drinking Water, Spokane Health Dist., 1101 W College, Spokane, WA 99201