

**PROGRESS SHEET – APPLICATION FOR CHANGE/TRANSFER**

NAME: **Richard Price, P.E.**  
**Stevens County PUD No. 1**  
**PO Box 592**  
**Loon Lake, WA 99148**

PHONE: 509-233-2534  
 EMAIL: dprice@stevenspud.org

*Withdrawn 7-1-2013*

ASSIGNED (SEE BACK OF PAGE)

APP. NO.	PERMIT NO.	CERT. NO. <b>G3-27698C</b>	CERT. OF CHANGE NO(S)
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**STEVENS COUNTY**

**WRIA**

**59**

**WRTS No. CG3-27698C**  
**ID No. 5601286**

Superseding Doc. ID No. \_\_\_\_\_

**PURPOSE OF APPLICATION: Change purpose, place, POW, & add 1 POW**

**Date Application received: Jan. 11, 2013**

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

Returned for completion or correction: \_\_\_\_\_ Received: \_\_\_\_\_

Application mapped by: R Downell date: 2/4/13

**PUBLICATION:**

Newspaper: **Statesman-Examiner**

OK'd by: RT

Date Affidavit received: 3-7-2013

Checked by: RT

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

Date Notice Sent 1-24-2013

Time expires: 3-22-13

Date: 3-7-13

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: \_\_\_\_\_ BC rcvd: \_\_\_\_\_ ext: \_\_\_\_\_

CC due: \_\_\_\_\_ CC rcvd: \_\_\_\_\_ ext: \_\_\_\_\_

PA due: \_\_\_\_\_ PA rcvd: \_\_\_\_\_ ext: \_\_\_\_\_

**PA FIELD EXAMINATION REQUIRED – DATE: \_\_\_\_\_ BY: \_\_\_\_\_**

**DATE SUPERSEDING DOCUMENT ISSUED: \_\_\_\_\_**

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

ROD received:	45 day review period ends:	Review Period Extended to:	Ecy Decision Mailed:
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**ASSIGNMENT INFO:**

**SUBJECT TO REAL ESTATE EXCISE TAX**

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

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

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

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

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

Mailed assignee copy of current App/ROE date: \_\_\_\_\_

<b>Submitted to Department of Revenue</b>	
Date:	_____
Initial:	_____

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

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

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

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

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

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