

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: Bruce & Lynda Brunette
ADDRESS: West 1817 Nora, Spokane, WA 99205
PHONE: (509) 326-4909

ASSIGNED (SEE BACK OF PAGE)

PEND OREILLE COUNTY

WRIA

62

WRTS No. S3-30629
ID No. 4703184

APPLICATION NO.: **S3-30629**

PRIORITY DATE: **November 4, 2010**

Date App rcvd: **Nov. 4, 2010** Date fee rcvd: **Nov. 4, 2010** Amount **\$50.00** Check No.: **951**

Returned for completion or correction: _____ Rcvd: _____

Statement of additional exam. fee: Rcvd: _____ Amount \$ _____ Check No.: _____

Application mapped by: K. Durnell date: 12/28/2012

PUBLICATION:

Newspaper(s): **Newport Miner**

OK'd by: KT

Date Notice Sent 9-21-2012

Date Affidavit rec'd: 10-12-12

Time expires: 11-9-12

Checked by: KT

Date: 10-15-12

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 _____ WDFW _____ **Kalispel Tribe** _____

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
<u>K. Brown</u>	<u>12-4-2012</u>		<u>1-10-2013</u>	

ROE map checked by: _____ date: _____

Permit map checked by: _____ date: _____

DEVELOPMENT SCHEDULE:

BC due: 12-1-2013 EXT to: _____ BC filed: _____

WELL LOG(S) RECEIVED: YES NO Note: _____

CC due: 12-1-2014 EXT to: _____ CC filed: _____

PA due: 12-1-2015 EXT to: _____ PA filed: 12-17-2013

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: \$ 50.00 Date letter sent: 1/7/14 Fee rec'd: 1/16+24/14 Check No.: 0990

Certificate map checked by: _____ date: _____ Date Certificate issued: 1/29/14

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: _____

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