

Contact:  
 LINTON WildRICK  
 1627 Linwood Ave SW  
 Tumwater 98512

STATE OF WASHINGTON  
 DEPARTMENT OF ECOLOGY

COMPUTER INPUT  
 APPLICATION  
 PERMIT  
 CERTIFICATE  
 OTHER

PROGRESS SHEET

SURFACE WATER  GROUND WATER

NAME <b>RANDY RUST</b>		TELEPHONE NO.	
ADDRESS <b>P.O. Box 119</b>	CITY <b>Grayland</b>	STATE <b>WA</b>	ZIP CODE <b>98547</b>
ASSIGNED TO	TELEPHONE NO. <b>360 590-6002</b>	DATE ASSIGNED	
ADDRESS	CITY	STATE	ZIP CODE
APPLICATION NO. <b>G2-30265</b>	PERMIT NO.	CERTIFICATION NO.	
DATE AMENDED	DATE CANCELLED	W.R.I.A. <b>24</b>	
<b>APPLICATION</b>			
DATE APPLICATION RECEIVED <b>6-27-05</b>	INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE FEE RECEIVED <b>6-27-05</b>	
STATEMENT OF ADDITIONAL EXAMINATION FEE \$	DATE SENT	DATE RECEIVED	
DATE RETURNED FOR COMPLETION OR CORRECTION		DATE RECEIVED	
<b>TEMPORARY PERMIT</b>			
APPROVED BY <b>9-23-05 - 9-23-08</b>		DATE ISSUED	
<b>PUBLICATION</b>			
APPROVED BY	DATE APPROVED	DATE NOTICE SENT <b>7-21-05</b>	
PROTESTED BY AND DATE			
DATE AFFIDAVIT RECEIVED <b>8/29/05</b>	CHECKED BY <b>TR</b>	TIME EXPIRED <b>9/22/05</b>	DATE AMENDED NOTICE SENT <b>12/07/05</b>
DATE AFFIDAVIT RECEIVED <b>12/30/05</b>	TIME EXPIRED <b>1/22/06</b>	DEPARTMENT OF GAME AND FISHERIES REPORT	
APPROVED	PROVISO	PROTEST	
<b>EXAMINATION</b>			
DATE EXAMINATION MADE	MADE BY	DATE REPORT OF EXAM. WRITTEN	WRITTEN BY
DATE PERMIT FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	
<b>PERMIT</b>			
PERMIT APPROVED BY	DATE APPROVED	PERMIT NO.	DATE ISSUED
<b>BEGINNING OF CONSTRUCTION</b>			
DATE NOTICE SENT	DATE FILED	EXTENSION FEE <b>3/11/09</b>	
EXTENDED TO		EXTENDED TO	
<b>WELL DRILLER'S AND/OR CONSTRUCTION REPORT</b>			
DATE SENT	DATE FILED		
<b>COMPLETION OF CONSTRUCTION</b>			
DATE NOTICE SENT	DATE FILED	EXTENSION FEE	
EXTENDED TO		EXTENDED TO	
<b>PROOF OF APPROPRIATION</b>			
DATE SENT	DATE FILED	EXTENSION FEE	EXTENDED TO
DATE CERTIFICATE FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	DATE APPROVED FOR CERTIFICATE
APPROVED BY			
<b>CERTIFICATION</b>			
PROOF EXAM. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE NUMBER		DATE ISSUED

REMARKS