

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

COMPUTER INPUT
 APPLICATION
 PERMIT
 CERTIFICATE
 OTHER

Wallace + Ruth Kaste SURFACE WATER GROUND WATER

360-849-4217

NAME Neal Gobar/Kabar Inc a Washington Corp and Successors TELEPHONE NO. (619) 481-9307

ADDRESS 366 E Little Island Road (CITY) Cathlamet (STATE) WA (ZIP CODE) 92014-98612
258 19th Street DelMar CA

ASSIGNED TO _____ TELEPHONE NO. _____ DATE ASSIGNED _____

ADDRESS _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____

APPLICATION NO. 52-29161 PERMIT NO. _____ CERTIFICATION NO. _____
 DATE AMENDED _____ DATE CANCELLED _____ W.R.I.A. 25

APPLICATION

DATE APPLICATION RECEIVED 10-21-94 INITIAL \$10.00 FEE RECEIVED YES NO DATE FEE RECEIVED 10-21-94

STATEMENT OF ADDITIONAL EXAMINATION FEE \$ _____ DATE SENT _____ DATE RECEIVED _____

DATE RETURNED FOR COMPLETION OR CORRECTION _____ DATE RECEIVED _____

TEMPORARY PERMIT

APPROVED BY _____ DATE ISSUED _____

PUBLICATION

APPROVED BY _____ DATE APPROVED _____ DATE NOTICE SENT _____

PROTESTED BY AND DATE _____

DATE AFFIDAVIT RECEIVED _____ CHECKED BY _____ TIME EXPIRED _____ DATE AMENDED NOTICE SENT _____ DATE AFFIDAVIT RECEIVED _____ TIME EXPIRED _____

DEPARTMENT OF GAME AND FISHERIES REPORT

APPROVED _____ PROVISIO _____ PROTEST _____

EXAMINATION

DATE EXAMINATION MADE _____ MADE BY _____ DATE REPORT OF EXAM. WRITTEN _____ WRITTEN BY _____ CHECKED BY _____

DATE PERMIT FEE REQUESTED _____ AMOUNT DUE _____ DATE RECEIVED _____

PERMIT

PERMIT APPROVED BY _____ DATE APPROVED _____ PERMIT NO. _____ DATE ISSUED _____

BEGINNING OF CONSTRUCTION

DATE NOTICE SENT _____ DATE FILED _____ EXTENSION FEE _____

EXTENDED TO _____ EXTENDED TO _____

WELL DRILLER'S AND/OR CONSTRUCTION REPORT

DATE SENT _____ DATE FILED _____

COMPLETION OF CONSTRUCTION

DATE NOTICE SENT _____ DATE FILED _____ EXTENSION FEE _____

EXTENDED TO _____ EXTENDED TO _____

PROOF OF APPROPRIATION

DATE SENT _____ DATE FILED _____ EXTENSION FEE _____ EXTENDED TO _____

DATE CERTIFICATE FEE REQUESTED _____ AMOUNT DUE _____ DATE RECEIVED _____ DATE APPROVED FOR CERTIFICATE _____ APPROVED BY _____

CERTIFICATION

PROOF EXAM. REQUIRED YES NO CERTIFICATE NUMBER _____ DATE ISSUED _____

REMARKS _____