

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Linda F. Carter**
3379-B Offerdahl Road
Chewelah, Washington 99109
Phone: 509-935-6479 e-mail: ccarterfly@hotmail.com

ASSIGNED (SEE BACK OF PAGE)

STEVENS COUNTY
COLVILLE RIVER BASIN

WRIA

58

WRTS No. S3-30546
ID No. 4460157

APPLICATION NO.: **S3-30546**

PRIORITY DATE: **August 27, 2007**

Date App rcvd: **August 27, 2007** Date fee rcvd: **8-27-2007** Amount **\$50.00** Check No.: **2332**

Returned for completion or correction: _____ Rcvd: _____

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

Application mapped by: R Darnell date: 9-10-07

PUBLICATION:

SPOTTED

Newspaper(s): **Chewelah Independent or Statesman-Examiner**

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

Date Notice Sent _____

Date Affidavit rec'd: _____

Time expires: _____

Checked by: _____

Date: _____

Protests: _____

Fee rec'd: _____

Field Packet sent: _____ by: _____

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

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: **Washington Department of Fish & Wildlife**, 600 Capitol Way North, Olympia, Washington 98501
Mr. Gary Passmore, Environmental Trust, Colville Conf. Tribe, P.O. Box 150, Nespelem, WA 99155-0150

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: _____

Address: _____

Phone #: _____

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