

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Richard F. DeJean**
PO Box 867
Sumner, Washington 98390
360.829.1223

ASSIGNED (SEE BACK OF PAGE)

GRANT COUNTY
508-14 SUBAREA

WRIA

41

WRTS No. S3-30527
ID No. 4346774

APPLICATION NO.: S3-30527

PRIORITY DATE: January 24, 2007

Date App rec'd: January 24, 2007 Date fee rec'd: January 24, 2007 Amount \$50.00 Check No.: 24176

Statement of additional exam. fee: \$ _____ Sent: _____ Rec'd: _____

Returned for completion or correction: _____ Rcvd: _____

Application mapped by: R. Darnell date: 3/22/07

PUBLICATION:

SPOTTED

Newspaper(s): The South County Sun or Columbia Basin Daily Herald

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: WDFW Eastern Drinking water operation, WA State Dept of Health, 1500 W 4th Ave. Ste. 305, Spokane, WA 99204;

Env. Heath-Drinking Water, Grant CO Health Dist, PO Box 37, Ephrata, WA 98823;

Washington Department of Fish & Wildlife, 600 Capitol Way N. Olympia, WA 98501-1091

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXISE 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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