

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. **G3-30528**

ID No. **4346782**

APPLICATION NO.: **G3-30528**

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. Danell 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  W<sup>2</sup>FO  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: Eastern Drinking water operation, WA State Dept of Health, 1500 W 4<sup>th</sup> 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

4-9-07  
KAT

**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: \_\_\_\_\_

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**Assignment approved:** \_\_\_\_\_

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