

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Clarkston Vineland Cemetery**
1141 Vineland Drive
Clarkston, Washington 99403
509-758-8761

CONTACT: **Mr. Carroll Johnson**
17037 Cloverland
Asotin, Washington 99402-9726
H: 509-243-1299 W: 509-751-7700

ASSIGNED (SEE BACK OF PAGE)

ASOTIN COUNTY

WRIA

35

WRTS No. **G3-30509**

ID No. **4271439**

APPLICATION NO.: **G3-30509**

PRIORITY DATE: **March 15, 2006**

Date App rec'd: March 15, 2006 Date fee rec'd: 3-20-2006 Amount \$87.78 Check No.: 15055

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

Returned for completion or correction: _____ Rec'd: _____

PUBLICATION:

SPOTTED

Newspaper(s): **Lewiston Morning Tribune**

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

Date Notice Sent 5-4-2006

Date Affidavit rec'd: 6-1-2006

Time expires: 6-25-2006

Checked by: **K.A. Yerbich - RUF**

Date: 7-7-2006

Protests: _____

Fee rec'd: _____

Field Packet to W²FO: 7- -2006 Kay-Ruf

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

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.: _____

Date Certificate issued: _____

cc: Department of Ecology
Walla Walla Field Office
1815 Portland Avenue, Suite No. 1
Walla Walla, Washington 99362

Ms. Jennifer Hudson
Confederated Tribes of the Umatilla Indian Reservation
P.O. Box 638
Pendleton, Oregon 97801

ASSIGNMENT INFO:

SUBJECT TO REAL ESTATE EXISE TAX

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Submitted to Department of Revenue
Date: _____
Initial: _____

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Assignment approved: _____

Assignee: _____

Address: _____

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