

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER  GROUND WATER

NAME: **Thomas C. Nance**  
**Marianne B. Nance**  
302 Robin Road  
Usk, Washington 99180-8733  
509-445-0335

ASSIGNED (SEE BACK OF PAGE)

PEND ORIELLE COUNTY

WRIA

62

WRTS No. S3-30514

ID No. 4274803

APPLICATION NO.: **S3-30514**

PRIORITY DATE: **May 24, 2006**

Date App rec'd: May 24, 2006 Date fee rec'd: 5-24-2006 Amount \$50.00 Check No.: 8419

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

Returned for completion or correction: \_\_\_\_\_ Rcvd: \_\_\_\_\_

**PUBLICATION:**

SPOTTED

Newspaper(s): **Newport Miner**

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

Date Notice Sent 6-9-2006

Date Affidavit rec'd: 07-03-2006

Time expires: 07-28-2006

Checked by: **K.A. Ryf**

Date: 07-10-2006

Protests: \_\_\_\_\_

Fee rec'd: \_\_\_\_\_

**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): **Subject to instream flow of 15,300 cfs**

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

**ASSIGNMENT INFO:**

**SUBJECT TO REAL ESTATE EXISE TAX**

**Assignment received:** \_\_\_\_\_

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

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

**Submitted to Department of Revenue**

Date: \_\_\_\_\_

Initial: \_\_\_\_\_

**Assignment received:** \_\_\_\_\_

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

Assignee: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

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