

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Mr. John M. Fahsholtz**

5009 Homesite Drive
Yakima, Washington 98908
509-966-9942

ASSIGNED (SEE BACK OF PAGE)

FERRY COUNTY

WRIA

60

WRTS No. S3-30516

ID No. *4287953*

APPLICATION NO.: **S3-30516**

PRIORITY DATE: **July 31, 2006**

Date App rec'd: **July 31, 2006** Date fee rec'd: **7-31-2006** Amount **\$50.00** Check No.: **3923**

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

Returned for completion or correction: _____ Rcvd: _____

Application mapped by: *R Darnell* date: *8/11/06*

PUBLICATION:

SPOTTED

Newspaper(s): **Newport Miner**

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 (release) 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: _____

8-15-06 Sent copies of App & Map w/ USBR letter

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 Pasmore, Colville Tribe, P.O. Box 150, Nespelum, Washington 99155

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 #: _____

Copy of Application/ROE/Permit sent to assignee: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

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 #: _____

Copy of Application/ROE/Permit sent to assignee: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

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 #: _____

Copy of Application/ROE/Permit sent to assignee: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Copy of Application/ROE/Permit sent to assignee: _____

Submitted to Department of Revenue

Date: _____

Initial: _____