

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Carl E. David**
72 Martin Creek Drive
Kettle Falls, Washington 99141
509-738-6468

& **Robert Anderson** *Cell ph. (509) 680-1876*
68 Martin Creek Drive
Kettle Falls, Washington 99141

ASSIGNED (SEE BACK OF PAGE)

FERRY COUNTY

WRIA

58

WRTS No. **S3-30504**

ID No. *4265378*

APPLICATION NO.: **S3-30504**

PRIORITY DATE: **January 6, 2006**

Date App rec'd: January 6, 2006 Date fee rec'd: January 6, 2006 Amount \$50.00 Check No.: 6360

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

Returned for completion or correction: _____ Rcvd: _____

PUBLICATION:

SPOTTED

Newspaper(s): **Republic News Miner**

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

Date Notice Sent 3-22-2006

Date Affidavit rec'd: 5-15-2006

Time expires: 5-6-2006

Checked by: *Kay Yerbich*

Date: 5-22-2006

Protests: _____

Fee rec'd: _____

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: Mr. Gary Passmore, Colville Confederated Indian Tribe, P.O. Box 150, Nespelem, Washington 99155-0150
Washington Fish and Wildlife, 600 Captiol Way North, Olympia, Washington 98501

S3-30504

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 #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____