

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Mr. Monte Naff**
12405 North Nine Mile Road
Nine Mile Falls, WA 99026-9274
509-466-3530

ASSIGNED (SEE BACK OF PAGE)

SPOKANE COUNTY

WRIA

54

WRTS No. **S3-30485**

ID No. 4262015

APPLICATION NO.: S3-30485

PRIORITY DATE: April 14, 2005

Date App rec'd: April 14, 2005 Date fee rec'd: April 14, 2005 Amount \$10.00 Check No.: 3652

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

Returned for completion or correction: _____ Rcvd: _____

PUBLICATION:

SPOTTED

Newspaper(s): Spokesman Review

OK'd by: KT

Date Notice Sent 2-15-2006

Date Affidavit rec'd: 3-7-06

Time expires: 3-31-06

Checked by: RJ

Date: 3-8-06

Protests: _____

Fee rec'd: _____

INTERESTED PARTIES:

WDFW State DOH County DOH Tribe USBR W²FO EphrataFO Avista

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 Note: _____

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: Fish & Wildlife; Avista Utilities; Spokane Tribe

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

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Phone #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____

Assignment received: _____

Assignment approved: _____

Assignee: _____

Address: _____

Phone #: _____

Submitted to Department of Revenue

Date: _____

Initial: _____