

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Clarkston Vineland Cemetery**
1141 Vineland Dr.
Clarkston, Washington 99403
W: 509-758-8761

NAME: **Mr Carrell Johnson, Assoc. Pres.**
1703 Cloverland
Asotin, Washington 99403
H: 509-243-1299 W: 509-751-7700

ASSIGNED (SEE BACK OF PAGE)

ASOTIN COUNTY

WRIA

35

WRTS No. G3-30484

ID No. 4262844

APPLICATION NO.: **G3-30484**

PRIORITY DATE: **August 5, 2005**

Date App rec'd: August 5, 2005 Date fee rec'd: August 2, 2005 Amount \$10.00 Check No.: 14913

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

Returned for completion or correction: _____ Rcvd: _____

PUBLICATION:

SPOTTED

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

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

Date Notice Sent 2-23-2006

Date Affidavit rec'd: 3-27-2006

Time expires: 4-21-2006

Checked by: Kaufman

Date: 3-29-2006

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: Ms. Jennifer Hudson, Umatilla Tribe
P.O. Box 638, Pendleton, Oregon 97801

MR BILL NEVE
DEPT OF ECOLOGY-WWFO
1815 PORTLAND AVE #1
WALLA WALLA WA 99362

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 #: _____

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Assignment approved: _____

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