

PROGRESS SHEET - APPLICATION FOR WATER RIGHT

SURFACE WATER GROUND WATER

NAME: **Mr. Michael J. Brightman**
160 Terrace Drive
Pasco, WA 99301
Home: 509-543-9737 Work: 509-783-1625

ASSIGNED (SEE BACK OF PAGE)

FRANKLIN COUNTY
508-14 - COLUMBIA BASIN

WRIA

36

WRTS No. **G3-30492**
ID No. 4263096

APPLICATION NO.: **G3-30492**

PRIORITY DATE: **June 24, 2005**

Date App rec'd: June 24, 2005 Date fee rec'd: June 24, 2005 Amount \$10.00 Check No.: 3036

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

Returned for completion or correction: _____ Rcvd: _____

PUBLICATION:

SPOTTED

Newspaper(s): Tri-City Herald

OK'd by: KT

Date Notice Sent: 3-13-06

Date Affidavit rec'd: 4/15/06

Time expires: 5-7-2006

Checked by: RT

Date: 4/20/2006

Protests: _____

Fee rec'd: _____

INTERESTED PARTIES:

WDFW State DOH County DOH Tribe USBR ^{3-10-06 KLA} 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 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: Notice, Findings, and Permit: USBR; ; ;

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: _____ |