

STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

9-22-06 Perdig. returned to DOR - VLA

SURFACE WATER  GROUND WATER

NAME Doug Lundgren **CFV Ventures LLC** TELEPHONE NO. 509-547-3330 **509-544-2624**

ADDRESS 14787 Dodd Road **341 Sunnybank Rd** CITY Burbank **Pasco** STATE WA ZIP CODE 99323 **99301**

ASSIGNED TO \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_ DATE ASSIGNED \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

APPLICATION NO. G3-30358 PERMIT NO. 2144959 CERTIFICATE NO. \_\_\_\_\_

DATE AMENDED \_\_\_\_\_ DATE CANCELLED \_\_\_\_\_ W.R.I.A. 32

APPLICATION

DATE APPLICATION RECEIVED May 16, 2002 INITIAL \$10.00 FEE RECEIVED  YES  NO DATE FEE RECEIVED May 16, 2002

STATEMENT OF ADDITIONAL EXAMINATION FEE \$ \_\_\_\_\_ DATE SENT \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

DATE RETURNED FOR COMPLETION OR CORRECTION \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

TEMPORARY PERMIT

APPROVED BY \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

Union Bulletin or the Waitsburg Times PUBLICATION \_\_\_\_\_

APPROVED BY RT DATE APPROVED 9-19-02 DATE NOTICE SENT 9-20-02

PROTESTED BY & DATE \_\_\_\_\_

DATE AFFIDAVIT RECEIVED 10-22-02 CHECKED BY Mad TIME EXPIRED \_\_\_\_\_ DATE AMENDED NOTICE SENT \_\_\_\_\_ DATE AFFIDAVIT RECEIVED \_\_\_\_\_ TIME EXPIRED \_\_\_\_\_

DEPARTMENT OF FISH & GAME REPORT

APPROVED \_\_\_\_\_ PROVISIO \_\_\_\_\_ PROTEST \_\_\_\_\_

EXAMINATION

DATE EXAMINATION MADE \_\_\_\_\_ MADE BY \_\_\_\_\_ DATE REPORT OF EXAM. WRITTEN \_\_\_\_\_ WRITTEN BY \_\_\_\_\_ CHECKED BY \_\_\_\_\_

DATE PERMIT FEE REQUESTED \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PERMIT

PERMIT APPROVED BY \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ PERMIT NO. \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

BEGINNING OF CONSTRUCTION

DATE NOTICE SENT \_\_\_\_\_ DATE FILED \_\_\_\_\_ EXTENSION FEE \_\_\_\_\_

EXTENDED TO \_\_\_\_\_ EXTENDED TO \_\_\_\_\_

WELL DRILLER'S AND/OR CONSTRUCTION REPORT

DATE SENT \_\_\_\_\_ DATE FILED \_\_\_\_\_

COMPLETION OF CONSTRUCTION

DATE NOTICE SENT \_\_\_\_\_ DATE FILED \_\_\_\_\_ EXTENSION FEE \_\_\_\_\_

EXTENDED TO \_\_\_\_\_ EXTENDED TO \_\_\_\_\_

PROOF OF APPROPRIATION

DATE SENT \_\_\_\_\_ DATE FILED \_\_\_\_\_ EXTENSION FEE \_\_\_\_\_ EXTENDED TO \_\_\_\_\_

DATE CERT. FEE REQUESTED \_\_\_\_\_ AMOUNT DUE \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_ DATE APPROVED FOR CERTIFICATE \_\_\_\_\_ APPROVED BY \_\_\_\_\_

CERTIFICATION

PROOF EXAM REQUIRED  YES  NO CERTIFICATE NUMBER \_\_\_\_\_ DATE ISSUED \_\_\_\_\_

CC: **Wa. Dept of Health  
Walla Walla County Health**