

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

Family Farm
PROGRESS SHEET

SURFACE WATER

GROUND WATER

NAME: Charles A. Dunn Municipal Duck Co., Inc. TELEPHONE NO.: 624-5265
Attorney: John Riley

ADDRESS: 19215 South. Latah Creek Road CITY: Valleyford STATE: WA ZIP CODE: (509) 245-3737

ASSIGNED TO: _____ TELEPHONE NO.: _____ DATE ASSIGNED: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP CODE: _____

APPLICATION NO.: 53-30338 PERMIT NO.: 2145225 CERTIFICATE NO.: _____
DATE AMENDED: _____ DATE CANCELLED: _____ W.R.I.A.: 56

APPLICATION

DATE APPLICATION RECEIVED: September 18, 2001 INITIAL \$10.00 FEE RECEIVED: YES NO DATE FEE RECEIVED: September 18, 2001

STATEMENT OF ADDITIONAL EXAMINATION FEE \$: _____ DATE SENT: _____ DATE RECEIVED: _____

DATE RETURNED FOR COMPLETION OR CORRECTION: _____ DATE RECEIVED: _____

TEMPORARY PERMIT

APPROVED BY: _____ DATE ISSUED: _____

Spokesman Review PUBLICATION

APPROVED BY: DT DATE APPROVED: 1-3-02 DATE NOTICE SENT: 1-3-02

PROTESTED BY & DATE: _____

DATE AFFIDAVIT RECEIVED: 8-26-02 CHECKED BY: DT TIME EXPIRED: 8-18-02 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: