STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

☐ SURFACE WATER ☒ GROUND WATER

NAME			TELEPHONE NO.
Moab Irrigation District #20			(509) 226-0545
ADDRESS	CITY	STATE	ZIP CODE
P.O. Box 81	Newman Lake	WA	99025
ASSIGNED TO	TELEPHONE NO.		DATE ASSIGNED
ADDRESS	CITY	STATE	ZIP CODE

APPLICATION NO.	PERMIT NO.	CERTIFICATE NO.
G3-30301 2145982		
DATE AMENDED	DATE CANCELLED	W.R.I.A.
		57

APPLICATION

DATE APPLICATION RECEIVED	INITIAL $10.00 FEE RECEIVED	DATE FEE RECEIVED
September 6, 2000	☒ YES ☐ NO	September 7, 2000
STATEMENT OF ADDITIONAL EXAMINATION FEE $	DATE SENT	DATE RECEIVED
DATE RETURNED FOR COMPLETION OR CORRECTION		DATE RECEIVED

TEMPORARY PERMIT

APPROVED BY	DATE ISSUED

PUBLICATION

The Spokesman Review

APPROVED BY	DATE APPROVED	DATE NOTICE SENT

PROTESTED BY & DATE

DATE AFFIDAVIT RECEIVED	CHECKED BY	TIME EXPIRED	DATE AMENDED NOTICE SENT	DATE AFFIDAVIT RECEIVED	TIME EXPIRED

DEPARTMENT OF FISH & GAME REPORT

APPROVED	PROVISO	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: **State Health Dept.**
Spokane County Health