

STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

**PROGRESS SHEET**

SURFACE WATER

GROUND WATER

NAME Trails End Mobile Home Park		TELEPHONE NO. (509) 346-9337	
ADDRESS 1492 Road 14 SW	CITY Royal City	STATE WA	ZIP CODE 99357
ASSIGNED TO	TELEPHONE NO.	DATE ASSIGNED	
ADDRESS	CITY	STATE	ZIP CODE
APPLICATION NO. G3-30277	PERMIT NO.	CERTIFICATE NO.	
DATE AMENDED	DATE CANCELLED	W.R.I.A. 36	
<b>APPLICATION</b>			
DATE APPLICATION RECEIVED December 29, 1999	INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	DATE FEE RECEIVED December 21, 1999	
STATEMENT OF ADDITIONAL EXAMINATION FEE \$	DATE SENT	DATE RECEIVED	
DATE RETURNED FOR COMPLETION OR CORRECTION		DATE RECEIVED	
<b>TEMPORARY PERMIT</b>			
APPROVED BY		DATE ISSUED	
<b>Othello Outlook</b>			
<b>PUBLICATION</b>			
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	
<b>DEPARTMENT OF FISH &amp; GAME REPORT</b>			
APPROVED	PROVISO	PROTEST	
<b>EXAMINATION</b>			
DATE EXAMINATION MADE	MADE BY	DATE REPORT OF EXAM. WRITTEN	WRITTEN BY
DATE PERMIT FEE REQUESTED		AMOUNT DUE	DATE RECEIVED
<b>PERMIT</b>			
PERMIT APPROVED BY	DATE APPROVED	PERMIT NO.	DATE ISSUED
<b>BEGINNING OF CONSTRUCTION</b>			
DATE NOTICE SENT	DATE FILED	EXTENSION FEE	
EXTENDED TO		EXTENDED TO	
<b>WELL DRILLER'S AND/OR CONSTRUCTION REPORT</b>			
DATE SENT	DATE FILED		
<b>COMPLETION OF CONSTRUCTION</b>			
DATE NOTICE SENT	DATE FILED	EXTENSION FEE	
EXTENDED TO		EXTENDED TO	
<b>PROOF OF APPROPRIATION</b>			
DATE SENT	DATE FILED	EXTENSION FEE	EXTENDED TO
DATE CERT. FEE REQUESTED	AMOUNT DUE	DATE RECEIVED	DATE APPROVED FOR CERTIFICATE
			APPROVED BY
<b>CERTIFICATION</b>			
PROOF EXAM REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO	CERTIFICATE NUMBER	DATE ISSUED	

CC: State Health Dept.  
Adams County Health