

STATE OF WASHINGTON  
DEPARTMENT OF ECOLOGY

COMPUTER INPUT  
 APPLICATION  
 PERMIT  
 CERTIFICATE  
 OTHER

PROGRESS SHEET

SURFACE WATER       GROUND WATER

NAME: City of Buckley      TELEPHONE NO.: 829-1921

ADDRESS: Post Office Box ~~1910~~ 1960      (CITY): Buckley      (STATE): Washington      (ZIP CODE): 98321-~~0040~~ 1960

ASSIGNED TO:      TELEPHONE NO.:      DATE ASSIGNED:

ADDRESS:      (CITY):      (STATE):      (ZIP CODE):

APPLICATION NO.: **228335**      PERMIT NO.:      CERTIFICATION NO.:

DATE AMENDED:      DATE CANCELLED:      W.R.I.A.: **10**

APPLICATION

DATE APPLICATION RECEIVED: **11/20/91**      INITIAL \$10.00 FEE RECEIVED:  YES      DATE FEE RECEIVED: **11/20/91**

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

DATE RETURNED FOR COMPLETION OR CORRECTION:      DATE RECEIVED:

TEMPORARY PERMIT

APPROVED BY:      DATE ISSUED:

PUBLICATION

APPROVED BY:      DATE APPROVED:      DATE NOTICE SENT: **11/27/91**

PROTESTED BY AND DATE:

DATE AFFIDAVIT RECEIVED: **12/30/91**      CHECKED BY: *[Signature]*      TIME EXPIRED: **1/17/92**      DATE AMENDED NOTICE SENT:      DATE AFFIDAVIT RECEIVED:      TIME EXPIRED:

DEPARTMENT OF GAME AND FISHERIES REPORT

APPROVED:      PROVISIO:      PROTEST:

EXAMINATION

DATE EXAMINATION MADE:      MADE BY:      DATE REPORT OF EXAM. WRITTEN:      WRITTEN BY:      CHECKED BY:

DATE PERMIT FEE REQUESTED: **1/29/92**      AMOUNT DUE: **\$20.00**      DATE RECEIVED: **2/18/92**

PERMIT

PERMIT APPROVED BY: **[Signature]**      DATE APPROVED: **2/19/92**      PERMIT NO.: **P**      DATE ISSUED: **4/13/92**

BEGINNING OF CONSTRUCTION

DATE NOTICE SENT:      DATE FILED: **Started**      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: **1/15/93**      EXTENSION FEE:

EXTENDED TO:      EXTENDED TO:

PROOF OF APPROPRIATION

DATE SENT: **1-22-93**      DATE FILED:      EXTENSION FEE:      EXTENDED TO:

DATE CERTIFICATE FEE REQUESTED:      AMOUNT DUE:      DATE RECEIVED:      DATE APPROVED FOR CERTIFICATE:      APPROVED BY:

CERTIFICATION

PROOF EXAM. REQUIRED:  YES       NO      CERTIFICATE NUMBER:      DATE ISSUED:

REMARKS: