Pager 866 5802

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

COMPUTER INPUT
- [ ] APPLICATION
- [ ] PERMIT
- [ ] CERTIFICATE
- [ ] OTHER

PROGRESS SHEET

[x] SURFACE WATER [ ] GROUND WATER

NAME ~~John T. Seal~~		~~866-0175~~	TELEPHONE NO. 360-866-8265 ~~753-8041~~ Ma Vining
ADDRESS ~~PO Box 4339~~ ~~2909 S Moore~~	(CITY) ~~Tumwater~~ Olympia, Washington	(STATE)	(ZIP CODE) 98501-~~3576~~
ASSIGNED TO Richard L Vining		TELEPHONE NO.	DATE ASSIGNED 6-7-06
ADDRESS 3334 Madrona Bch Rd NW	(CITY) Olympia	(STATE) WA	(ZIP CODE) 98502-8868
APPLICATION NO. S 2-28592	PERMIT NO.	CERTIFICATION NO.	
DATE AMENDED	DATE CANCELLED	W.R.I.A. 14	

APPLICATION

DATE APPLICATION RECEIVED 8-21-92	INITIAL $10.00 FEE RECEIVED [x] YES [ ] NO	DATE FEE RECEIVED 8-21-92
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 8/31/92
PROTESTED BY AND DATE		

DATE AFFIDAVIT RECEIVED 9/23/92	CHECKED BY SF	TIME EXPIRED 11/13/92	DATE AMENDED NOTICE SENT	DATE AFFIDAVIT RECEIVED	TIME EXPIRED

DEPARTMENT OF GAME AND FISHERIES REPORT

APPROVED 12-17-92 DOP recommends S. Lake secure	PROVISO groundwater DOW 1-21-93	PROTEST Screen, HPA, flows

EXAMINATION

DATE EXAMINATION MADE 10-28-92	MADE BY mp	DATE REPORT OF EXAM. WRITTEN 2-18-93	WRITTEN BY mp	CHECKED BY
DATE PERMIT FEE REQUESTED 3/30/93	AMOUNT DUE ~~3/30/93~~ $5.00		DATE RECEIVED 4/7/93	

PERMIT

PERMIT APPROVED BY	DATE APPROVED	PERMIT NO.	DATE ISSUED 5/3/93

BEGINNING OF CONSTRUCTION

DATE NOTICE SENT 5/3/93	DATE FILED 11/6/97	EXTENSION FEE
EXTENDED TO	EXTENDED TO	

WELL DRILLER'S AND/OR CONSTRUCTION REPORT

DATE SENT	DATE FILED

COMPLETION OF CONSTRUCTION

DATE NOTICE SENT 2/25/00	DATE FILED	EXTENSION FEE 20.00 5.00
EXTENDED TO	EXTENDED TO 5-1-99 5/1/2000	

PROOF OF APPROPRIATION

DATE SENT	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