

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

SURFACE WATER GROUND WATER

COMPUTER INPUT

- APPLICATION
- PERMIT
- CERTIFICATE
- OTHER

| | | | | | |
|--|---|------------------------------|---------------------------------|--------------------------|--------------|
| NAME DH and Laura Thompson | | | TELEPHONE NO. (360) 642-8202 | | |
| ADDRESS PO Box 536 | | (CITY) Long Beach | (STATE) Washington | (ZIP CODE) 98631-0536 | |
| ASSIGNED TO | | | TELEPHONE NO. | DATE ASSIGNED | |
| ADDRESS | | (CITY) | (STATE) | (ZIP CODE) | |
| APPLICATION NO. 02-29595 | PERMIT NO. | | CERTIFICATION NO. | | |
| DATE AMENDED | DATE CANCELLED | | W.R.I.A. 24 | | |
| APPLICATION | | | | | |
| DATE APPLICATION RECEIVED 2/9/98 | INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | DATE FEE RECEIVED 2/9/98 | | |
| 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 4/27/05 | | |
| PROTESTED BY AND DATE | | | | | |
| DATE AFFIDAVIT RECEIVED 5/20/05 | CHECKED BY TR | TIME EXPIRED 4/18/05 | DATE AMENDED NOTICE SENT | DATE AFFIDAVIT RECEIVED | TIME EXPIRED |
| DEPARTMENT OF GAME AND FISHERIES 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 CERTIFICATE FEE REQUESTED | AMOUNT DUE | DATE RECEIVED | DATE APPROVED FOR CERTIFICATE | APPROVED BY | |
| CERTIFICATION | | | | | |
| PROOF EXAM. REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO | | CERTIFICATE NUMBER | DATE ISSUED | | |

REMARKS