

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

PROGRESS SHEET

COMPUTER INPUT
 APPLICATION
 PERMIT
 CERTIFICATE
 OTHER

SURFACE WATER GROUND WATER

| | | | | | |
|--|---|------------------------------|---------------------------------|-------------------------|--------------|
| NAME American Water Resources, Inc. | | | TELEPHONE NO. (360) 978-6178 | | |
| ADDRESS 921B Middle Fork Rd | | (CITY) Onalaska | (STATE) Washington | (ZIP CODE) 98570 | |
| ASSIGNED TO | | | TELEPHONE NO. | DATE ASSIGNED | |
| ADDRESS 921B Middle Fork Rd | | (CITY) Onalaska | (STATE) Washington | (ZIP CODE) 98570 | |
| APPLICATION NO. G 2-29632 | PERMIT NO. | CERTIFICATION NO. | | | |
| DATE AMENDED | DATE CANCELLED | W.R.I.A. 26 | | | |
| APPLICATION | | | | | |
| DATE APPLICATION RECEIVED 4-15-98 | INITIAL \$10.00 FEE RECEIVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | DATE FEE RECEIVED 4-15-98 | | |
| 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 | | |
| PROTESTED BY AND DATE | | | | | |
| DATE AFFIDAVIT RECEIVED | CHECKED BY | TIME EXPIRED | 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