

STATE OF WASHINGTON
DEPARTMENT OF ECOLOGY

COMPUTER INPUT

- APPLICATION
- PERMIT
- CERTIFICATE
- OTHER

**MORATORIUM
OPTION 2**

PROGRESS SHEET

SURFACE WATER GROUND WATER

THURSTON 13

NAME **Wayne L. Christensen** TELEPHONE NO. **754-6410**

ADDRESS **1429 Dayton S.E.** (CITY) **Olympia** (STATE) **WA** (ZIP CODE) **98501**

ASSIGNED TO _____ TELEPHONE NO. _____ DATE ASSIGNED _____

ADDRESS _____ (CITY) _____ (STATE) _____ (ZIP CODE) _____

APPLICATION NO. **S227403** PERMIT NO. _____ CERTIFICATION NO. _____

DATE AMENDED _____ DATE CANCELLED _____ W.R.I.A. **13**

APPLICATION
DATE APPLICATION RECEIVED **8-30-88** INITIAL \$10.00 FEE RECEIVED YES NO DATE FEE RECEIVED **8-30-88**

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 **10/19/88**

PROTESTED BY AND DATE _____

DATE AFFIDAVIT RECEIVED **11/14/88** CHECKED BY **MB** TIME EXPIRED **12/10/88** DATE AMENDED NOTICE SENT _____ DATE AFFIDAVIT RECEIVED _____ TIME EXPIRED _____

DEPARTMENT OF GAME AND FISHERIES REPORT
APPROVED _____ PROVISOR **WOL: WOOD MF, SC, HPAE** PROTEST _____
Madison: No comment 11-3-88

EXAMINATION
DATE EXAMINATION MADE **11-17-89** MADE BY **V.W** DATE REPORT OF EXAM. WRITTEN **2-17-89** WRITTEN BY **VW** CHECKED BY **K**

DATE PERMIT FEE REQUESTED **3/17/89** AMOUNT DUE **\$20.00** DATE RECEIVED **4-18-89 7-26-89**

PERMIT
PERMIT APPROVED BY **MB** DATE APPROVED **5-1-89** PERMIT NO. **P P** DATE ISSUED **5/5/89 9/1/89**

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 **9-4-90** APPROVED BY **EJS**

CERTIFICATION
PROOF EXAM. REQUIRED YES NO CERTIFICATE NUMBER _____ DATE ISSUED **10/18/90**

REMARKS _____
