| Washington State Department of Ecology logo. | **Water Resources Program**  **Begin Construction Notice** | | For Ecology Use  (Date Stamp) |
| --- | --- | --- | --- |
| **WATER RIGHT FILE NO.** | |  | |

|  |  |
| --- | --- |
| **PART 1 – CONSTRUCTION NOTICE** | |
| Check one | |
|  | **Construction of the water system has started.** Date construction began: |
|  | **Construction of the water system has NOT started.** You must request an extension if you intend to pursue this project. For information about requesting an extension, [Click here for a copy of the publication: FAQ *Extensions for Water Right Permits and Change Authorizations* at: <https://fortress.wa.gov/ecy/publications/documents/0611004.pdf>](https://fortress.wa.gov/ecy/publications/documents/0611004.pdf) |
|  | **I am no longer interested in pursuing this project. Please cancel this permit.** |

|  |
| --- |
| **PART 2 – CONSTRUCTION DETAILS** |
| Describe in detail construction completed to date. Include the status of development of diversion/withdrawal facilities, pump installation, conveyance system, and measuring device installation. If applicable, describe progress made on securing permits needed to begin or complete construction. Attach copies of well reports, project maps(s) showing exact source locations, diagrams or other construction-related documents not previously submitted. |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

| **PART 3 – SIGNATURES** |
| --- |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name of Water Right Holder or Authorized Representative | | | | |
|  | | | | |
| Authorized Representative Name | | | | |
|  | | | | |
| Mailing Address | | | | |
|  | | | | |
| City | | | State | Zip |
|  | | |  |  |
| Home Phone | Cell Phone | Office Phone | Email Address | |
|  |  |  |  | |

| *I certify that I am the holder of the above water right or the approved representative. The information contained in this form is true and accurate to the best of my knowledge.* |
| --- |

|  |  | |  |  | |  | |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signature | |  | | | Date | |
| Water Right Holder  Authorized Representative | | | | | | |
|  | | | | | | |

| **PART 4 – SEND YOUR COMPLETED FORM TO ECOLOGY** |
| --- |
| Submit this form to:  **Northwest Region Office**  PO Box 330316  Shoreline, WA 98133-9716  (206) 594-0000  **Central Region Office**  1250 W. Alder Street  Union Gap, WA 98903  (509) 575-2490  **Eastern Region Office**  4601 North Monroe Street  Spokane, WA 99205-1295  (509) 329-3400  **Southwest Region Office**  PO Box 47775  Olympia, WA 98504-7775  (360) 407-6300  *If you need this document in a format for the visually impaired, call the Water Resources Program at 360-407-6872. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341* |