

For Official Use Only by The Oregon Water Resources Department:

Received Date:

County Well Log ID #

Well Identification Tag #

\_\_\_\_\_

BAKE 52044

L 95126

APPLICATION FOR WELL IDENTIFICATION TAG

**RECEIVED**

JUN 10 2010

WATER RESOURCES DEPT  
SALEM OREGON

LANDOWNER INFORMATION

Name: John A. CHRISTIANSEN

Mailing Address: P.O. Box 243

City: OXBOW

State: OREGON

Zip: 97840

Return Well Tag to (if different than mailing address): \_\_\_\_\_

WELL LOCATION INFORMATION

County: Baker Township: 7 North or South (circle one) Range: 48 East or West (circle one),

Section: 17 1/4 SW 1/4 Tax Lot #: \_\_\_\_\_

Street Address of Well (if different than mailing address): \_\_\_\_\_

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): Community Date Well Constructed: unknown

Well Constructor/Company: unknown

Well Depth (in feet): unknown Diameter of Well Casing (in inches): 6"

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known):

unknown

Other Information: this well supplies Trailer Park