

For Official Use Only:

Received Date: _____ County Well Log ID #: _____ Well Identification Tag #: _____

WATER RESOURCES DEPT.
SALEM, OREGON

OCT 30 1998

RECEIVED

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: EDWIN BROWN / WINCHESTER
 Mailing Address: 4363 SE LANGENSAND RD. S
 City: SANDY State: OR Zip: 97055 Phone: 503/688-9302

WELL LOCATION: CIAC 53975

County: CLACKAMAS Owner's Well Number: _____
 Township: 25 N or S, Range: 4E E or W, Section: 24 1/4 1/4
 Tax Lot Number: 1300 Type of Well: water supply monitoring _____
 Street Address of Well (if different from above): _____

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: _____ Approx. Construction Date: _____
 Well Constructor: _____
 Name of Owner at Time of Construction: WINCHESTER
 Well Depth (in feet): _____ Static Water Level (in feet): _____
 Diameter of Exposed Well Casing (in inches): _____
 Does this well have a formal water right associated with it? Yes: _____ No: _____
 If Yes: Application #: _____ Permit #: _____ Certificate #: _____

Please Return Completed Form to:
*from Norton
 11/3/04*

~~Internal~~
 Well Identification Program
 Oregon Water Resources Department
 158 12th Street NE
 Salem, OR 97310 ext 700

28881