



For Official Use Only:

Received Date: **RECEIVED**

MAR 13 2003

WATER RESOURCES DEPT  
SALEM, OREGON

County Well Log ID #

Colu 3797

Well Identification Tag #

L-63359

**WELL IDENTIFICATION APPLICATION FORM**

(please see attached instructions)

DO NOT COMPLETE THIS FORM IF YOU ARE SHARING THE WELL ON ANOTHER'S PROPERTY.

**BUYER/CURRENT LANDOWNER (FOR PROPERTY WELL IS LOCATED ON):**

Name: James E. Dodge Trust c/o Prudential NW Properties

Mailing Address: 51673 S. Columbia River Hwy.

City: Scappoose State: OR Zip: 97056 Phone: 503 543-3163

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified above.

**WELL LOCATION:**

County: Columbia Well # (designation owner has given to well if multiple wells exist on same property): \_\_\_\_\_

Township: 4 (North) or South, Range: 3 East or West Section: 24 NE 1-4 NE 1-4  
(circle one) (circle one)

Tax Lot #: 501 (not the "tax acct.#") Type of Well: water supply \_\_\_\_\_ monitoring \_\_\_\_\_

Address of Well: 27794 Bush Lane, Scappoose  
(Number) (Street) (City)

Does this well have a formal water right associated with it? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
(If unknown you may contact the Water Rights Information Group at 503-378-3739 extension 201 for research)

If Yes: Application #: \_\_\_\_\_ Permit #: \_\_\_\_\_ Certificate #: \_\_\_\_\_

(Optional): Latitude \_\_\_\_\_ Longitude \_\_\_\_\_ (May sometimes be obtained from Well Log Report)

**WELL INFORMATION:** (If available, attach copy of driller's well report. If report is not available please complete the following, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor.)

Start Card #: \_\_\_\_\_ Approx. Well Construction Date: 11-2-79

Well Constructor: Don Feakin

Name of Land Owner at Time of Construction (or list of prior landowners)

Edward & Leslie Popham

Well Depth (in feet): 150 Static Water Level (in feet): 20

Diameter of Exposed Well Casing (in inches): 6

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department  
158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130