WELL IDENTIFICATION APPLICATION FORM

RECEIVED
DEC - 8 1997
WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: Janine Riehl

Mailing Address: ~~1515~~ 33051 N.E. Ochoco Hwy

City: Prineville State: OR Zip: 97754 Phone: (541) 462-3084

"CROO 50443"

WELL LOCATION:

County: Crook Township: 15 N or S, Range: 16 E or W

Section: 5A ____ 1/4 ____ 1/4 Owner's Well Number: ____

Tax Lot Number: 6300 Street Address of Well (if different from above): ____

1515 Mason Drive

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

Start Card Number: ____ Approx. Construction Date: ____

Well Constructor: no well log available

Name of Owner at Time of Construction: ____

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:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

For Official Use Only:

Well Tag No. 21348

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