For Official Use Only by **The Oregon Water Resources Department:**

Received Date:	County Well Log ID #	Well Identification Tag #
	"CROO 53266"	L87842

WELL IDENTIFICATION APPLICATION FORM

INSTRUCTIONS ARE IN THE ACCOMPANYING "DEAR LANDOWNER" LETTER. FOR SHARED WELLS PLEASE SEE THE 3RD PARAGRAPH FROM THE TOP IN THE LETTER. Your ID Tag will be mailed out in approximately 10 days from the date we receive your application.)

****BUYER OR CURRENT LANDOWNER** (For the property that the well is located on. The Well ID tag will be sent to this address unless otherwise specified here.)

Landowner's or Buyer's Name: Ruth Norfleet

Mailing Address: 1470 NE Third St.

City: Prineville State: Ore Zip: 97754 Phone: (541) 447-3951
1-800-552-9051

****WELL LOCATION:**

County: Crook Well # _____ *(if multiple wells exist on same property-ie: well #1,#2, etc.)*

Township: 15 S North *or* South. *(circle one)* Range: 16 E East *or* West. *(circle one)* Section: 5AA ____ 1/4 ____ 1/4 *(If known)*

Tax Lot #: 1900 *(Not the same as the tax acct.#)* Type of Well: water supply? X *(Ex: domestic or irrigation use)* domestic monitoring? _____ *(Ex: monitoring water for contaminants)*

Address of Well: 1615 NE Mason Dr. Prineville OR. 97754
(Number) (Street) (City) (Zip)

(Optional): Does this well have a formal water right associated with it? Yes: _____ No: X
(If unknown you may want to contact the Water Rights Group at 503-986-0945 for research)

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

(Optional): Latitude _____ Longitude _____ *(May sometimes be obtained from Well Log Report)*

****WELL INFORMATION:** **(Important note: If attaching a well log you obtained from our web-site please be certain that you have the correct log. Simply matching the tax lot number isn't enough. See attached instructions for assistance. If a well report is not available please complete as much of the following as possible, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowner names can be obtained from the County Assessor - see instructions.)**

Start Card # from well log report if known: _____ Approx. Well Construction Date: _____

Well Constructor if known: _____

Name of Land Owner at Time of Construction (or prior landowners, going back in time to when well was constructed - contact your county assessor for list)

Edwin A. & Clara Wickner & 1958

Well Depth (in feet): _____ Static Water Level (*in feet*): _____ Diameter of Exposed Well Casing (*in inches*): _____

Please Return Completed Form to: Well ID Program, Oregon Water Resources Department
725 Summer St. NE, Suite A, Salem, OR 97301-1271, *or fax to 503-986-0902* (Applic

RECEIVED
OCT 19 2006
WATER RESOURCES DEP
SALEM, OREGON