

DESC 1899

DESC 948

For Official Use Only by The Oregon Water Resources Department:

Received Date:

11-7-03

County Well Log ID #

Desc 948

Well Identification Tag #

K-69054

& DESC 1899

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

INSTRUCTIONS ARE IN THE LETTER ON THE REVERSE SIDE OF THIS APPLICATION.

NOV 07 2003

FOR SHARED WELLS PLEASE SEE THE 2ND PARAGRAPH FROM THE TOP ON THE LETTER.WATER RESOURCES DEPT
SALEM, OREGON**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. Tag will be mailed out in approximately 10 days)

Name: Darrel Aschbacher

Mailing Address: PO Box 1196

City: Sisters State: Or Zip: 97759 Phone: (541) 549 1100

WELL LOCATION:

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

Township: 14 S North or South Range: 10 E East or West, Section: 33 1/4 1/4
(circle one) (circle one) (If known)Tax Lot #: 04500 Type of Well: water supply? domestic monitoring?
(not the county's tax acct. #) (Ex: domestic or irrigation use) (Ex: monitoring groundwater for contaminants)Address of Well: 69287 Crooked Horseshoe Rd Sisters, Or. 97759
(Number) (Street) (City)(Optional): Does this well have a formal water right associated with it? Yes: _____ No: ☒
(If unknown you may want to contact the Water Rights 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 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 landowners can be obtained from the County Assessor - see instructions.*

Start Card #: _____ Approx. Well Construction Date: _____

Well Constructor: _____

Name of Land Owner at Time of Construction (or prior landowners, going back in time to when well was constructed)

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

158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130 (App-July03)