

For Official Use Only:

Received Date:

County Well Log ID #

Well Identification Tag #

Desc 2986

H-6 9155

RECEIVED

DEC 09 2003 WELL IDENTIFICATION APPLICATION FORM

WATER RESOURCES DEPT
SALEM, OREGON

(please see attached instructions)

BUYER/CURRENT WELL OWNER:

Name: Egan Tasaki

Mailing Address: 40 Rhino Ranch + Realty Po Box 1977

City: Sisters State: OR Zip: 97759 Phone: (541) 549-0551

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

WELL LOCATION:

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

Township: 13 North or South, Range: 10 East or West, Section: 04 1/4 1/4

Tax Lot #: 400 (not "tax acct.#") Type of Well: water supply monitoring

Address of Well: 69069 Barclay Ct Sisters
(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)

If Yes: Application #: Permit #: 911239 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:

Well Constructor:

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

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

7-69155