

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 #

L-69054

& DESC 1899

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

INSTRUCTIONS ARE IN THE LETTER ON THE REVERSE SIDE OF THIS APPLICATION.
FOR SHARED WELLS PLEASE SEE THE 2ND PARAGRAPH FROM THE TOP ON THE LETTER.

NOV 07 2003

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)

FOR WATER RESOURCES DEPARTMENT USE ONLY

Date Postmarked

Date Hand-delivered 6-4-91Watermaster Initials WDH:U

W 29394

WRD Receipt

Date Fee Received

CHECK NO.

JUN 5 1991

START CARD

NOTICE OF BEGINNING OF WELL CONSTRUCTION

(as required by ORS 537.762)

WATER RESOURCES DEPT
SALEM, OREGON

This form must be completed, signed by both the owner (or authorized agent) and constructor, and the original mailed or delivered to the Water Resources Department, 3850 Portland Road NE, Salem, OR 97310, no later than the day construction, alteration, conversion or abandonment work begins. A **\$75 fee** shall accompany all notices for new well construction or conversion of an existing hole not previously used as a water well (make checks payable to the Water Resources Department). Notices meeting this requirement but received without the required fee will not be accepted as properly and timely filed. The Water Resources Commission has authority to impose civil penalties for failure to submit the required \$75 fee with the start card and for failure to submit cards prior to beginning any construction, alteration, conversion or abandonment work.

Owner's name and mailing address

Original log:
DESC 1899

Robert Sand (current), 69287 Crooked Horseshoe
Sisters Oregon

Check type of work:

Fee

Required

☐ New construction
☐ Conversion

No Fee

Required

☐ Repair
☒ Deepening
☐ Recondition☐ Abandonment

Proposed Commencement Date

June 4 '91

Existing or Proposed Well Depth

75

Diameter

6"

Check Use:

☒ Domestic☐ Community☐ Industrial☐ Irrigation☐ Monitoring☐ Thermal☐ Injection☐ Other

Proposed Well Location: County

Deschutes

Owner's Well Id. No.

Township

14

(N or S)

Range

10

(E or W)

Section

331. NW 1/4 of SW 1/4 of above section2. Street address of well location 69287 Crooked HorseshoeSisters Ore

3. Tax lot number of well location

Blk 7 Lot 10 Fred and Ford Wlders

Lot 11 Blk 7

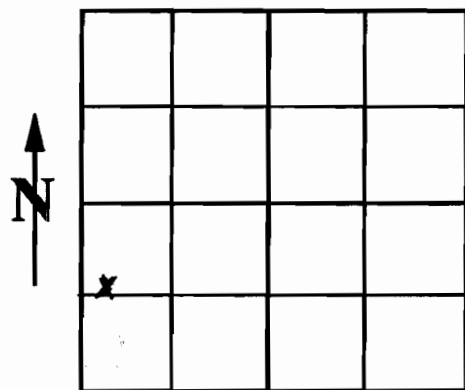
4. Attach map with location identified.

(See reverse of this form for approved maps)

TL 4500

per Co records

5. Show well location within 1/4; 1/4 of section grid at left.



We hereby certify that we have read the back of this form, and that to the best of our knowledge the information provided herein is accurate and the well is being properly located from septic tanks, septic drain fields and other hazards. (See #2 on back)

Owner's signature

Title

Home phone

Work phone

Bonded Water Well Constructor

License No.

595

Company

Johnson Well Drilling

NOTE: This is not a water right application. The owner is responsible for obtaining a water right through the Water Resources Department, if required.

THIS COPY TO DISTRICT WATERMASTER