

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

Harn 1032

47385

WELL IDENTIFICATION APPLICATION FORM

47385

BUYER/CURRENT WELL OWNER:

Name: Tom or Barbara Howard

Mailing Address: P.O. Box 196

City: Drewsey State: OR Zip: 97904 Phone: 541-493-2603

WELL LOCATION:

County: Harney Owner's Well Number: # 2

Township: 24 S N or S Range: 33 E E or W, Section: 25 SE 1/4

Tax Lot Number: _____ Type of Well: Irrigation water supply _____ monitoring _____

Street Address of Well (if different from above): Crane-Buchanan Rd., Drewsey

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

Start Card Number: _____ Approx. Construction Date: 11-5-88

Well Constructor: _____

Name of Owner at Time of Construction: Gerald Lindsey

Well Depth (in feet): 157' Static Water Level (in feet): 42'

Diameter of Exposed Well Casing (in inches): _____

Does this well have a formal water right associated with it? Yes: X No: _____

If Yes: Application #: _____ Permit #: G-10396 Certificate #: G-10396

Please Return Completed Form to:

~~Ernie D. McQueen~~ Janet Halliday
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310
503-378-8455

RECEIVED

JAN 16 2001