

STATE OF OREGON

APR 26 1983

State Well No.

State Permit No.

PLEASE TYPE OR PRINT IN INK
WATER RESOURCES DEPT.
SALEM, OREGON

SALEM, OREGON

Landowner

State Co 06701.

If abandonment, describe material and procedure in Item 12.

Gravel placed from ft. to ft.

Date _____, 19____

SP*45292-690

HARN 1673

For Official Use Only by The Oregon Water Resources Department:

Received Date:

County Well Log ID #

Well Identification Tag #

HARN 1673

L94721

APPLICATION FOR WELL IDENTIFICATION TAG

RECEIVED

MAR 11 2009

WATER RESOURCES DEPT
SALEM, OREGON

LANDOWNER INFORMATION

Name: JOE MILLER

Mailing Address: 35790 ROCK CREEK LN

City: FRENCHLEN State: OR Zip: 97736

Return Well Tag to (if different than mailing address): _____

WELL LOCATION INFORMATION

County: _____ Township: 33 North or South (circle one) Range: 30 East or West (circle one)

Section: 12 NE 1/4 SE 1/4 Tax Lot #: 200

Street Address of Well (if different than mailing address): 35790 ROCK CREEK LN.

FRENCHLEN, OR 97736

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): _____ Date Well Constructed: _____

Well Constructor/Company: _____

Well Depth (in feet): _____ Diameter of Well Casing (in inches): _____

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): _____

Other Information: STATIC = 100.9' ON 9 MAR 2009

LAT/LONG = N 43.63187 W 119.64713

Return to: Oregon Water Resources Department, ~~James Holladay~~, 725 Summer St. NE, Suite A, Salem,
OR 97301-1271, (503) 986-0854 or fax to 503-986-0902

App for tag