

For Official Use Only by The Oregon Water Resources Department:

Received Date: _____ County Well Log ID # HARN 51621 Well Identification Tag # L 106230

APPLICATION FOR WELL IDENTIFICATION TAG

LANDOWNER INFORMATION

Name: TRACY HILL
Mailing Address: P.O. Box 266
City: BURNS State: OREGON Zip: 97738
Return Well Tag to (if different than mailing address): TAG installed by ROBERT D MAYNARD
EASTERN REGION WELL INSPECTOR

WELL LOCATION INFORMATION

County: HARNEY Township: 245 North *or* South (circle one) Range: 30 E East *or* West (circle one),
Section: 9 SW 1/4 NW 1/4 Tax Lot #: _____
N 43.50557 W-119.13637
Street Address of Well (if different than mailing address): _____

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): _____

RECEIVED

JAN 23 2012

WATER RESOURCES DEPT
SALEM, OREGON

Other Information: _____

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

App for tag