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(for official use only)

SP*46866-690

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

Harn 876

49055

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

APR 16 2001

BUYER/CURRENT WELL OWNER:Name: Mario RecanzoneWATER RESOURCES DEPT.
SALEM, OREGONMailing Address: HC71-143 West Wrights PointCity: Burns State: OR Zip: 97720 Phone: (541) 493-2057**NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.****WELL LOCATION:**Latitude 43°30'N Longitude 119°WCounty: Harney Owner's Well Number (1st or 2nd, etc) 1stTownship: 24 N or S Range: 31 E or W, Section 31 SE 1/4 NW 1/4Tax Lot Number: 300 Type of Well: Drinking water Irrigation water supply monitoring

Address of Well (if different from above): _____

Does this well have a formal water right associated with it? Yes: X No: ~~X~~If Yes: Application #: _____ Permit #: Final Order G-15048 Certificate #: _____**WELL INFORMATION: (do not complete remainder of application if well log is attached)**

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Land Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

Please Return Completed Form to:

Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97301-4172