

For Official Use Only:

Received Date:

4.21.03

County Well Log ID #

Jack 3984

Well Identification Tag #

L-64447

WELL IDENTIFICATION APPLICATION FORM RECEIVED

BUYER/CURRENT WELL OWNER:

APR 21 2003

WATER RESOURCES DEPT.
SALEM, OREGON

Name: D.C. & Toni Rasmussen

Mailing Address: 7400
~~7400~~ Weber Road

City: Central Point State: OR Zip: 97502 Phone: (541) 601-6959

NOTE: Well Identification Tag will be sent to the above address unless otherwise specified.

WELL LOCATION:

Latitude _____ Longitude _____

County: JACKSON Owner's Well Number (1st or 2nd, etc) _____

Township: 35S N or S, Range: 2W E or W, Section 28 1/4 _____ 1/4

Tax Lot Number: 201 Type of Well: water supply ☒ monitoring _____

Address of Well (if different from above): _____

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

If Yes: Application #: G 6985 Permit #: L-6491 Certificate #: 50020

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: Shaffer, Lewis (?)

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

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