

2-60301

For Official Use Only:

Received Date:

7/26/02

County Well Log ID #

"Jack" 55561

Well Identification Tag #

2-60301

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Doris Wegner

Mailing Address: P.O. Box 29

City: Prospect State: OR Zip: 97536 Phone: ()

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

WELL LOCATION:

County: Jackson Owner's Well Number (1st or 2nd well on property, etc) _____

Township: 32 N S, Range: 3 W, Section: 32 BA, _____ 1/4 _____ 1/4

Tax Lot Number: 700 Type of Well: water supply _____ monitoring _____

Address of Well (if different from above): 680 Mill Creek Drive - Prospect
(Number) (Street) (City)

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

If Yes: Application #: _____ Permit #: _____ Certificate #: _____

(Optional): Latitude _____ Longitude _____ (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (do not complete remainder of application if drillers well report is attached)

See "Dear Landowner" letter for instructions in completing this portion of the application, or contact the Well Identification Program at (503) 378-8455, extension 260.

Start Card Number: _____ Approx. Well 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): _____

RECEIVED
JUL 26 2002
WATER RESOURCES DEPT.
SALEM, OREGON

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department
158 12th Street NE - Salem, OR 97301-4172