

For Official Use Only by The Oregon Water Resources Department:

Received Date:

4-28-04

County Well Log ID #

JACK 6911

Well Identification Tag #

L-71223

RECEIVED

WELL IDENTIFICATION APPLICATION FORM

APR 28 2004

INSTRUCTIONS ARE IN THE LETTER ON THE REVERSE SIDE OF THIS APPLICATION.
FOR SEARED WELLS PLEASE SEE THE 2ND PARAGRAPH FROM THE TOP ON THE LETTER

BUYER OR CURRENT LANDOWNER. (For the property that the well is located on. The Well ID tag will be sent to this address unless otherwise specified here. Tag will be mailed out in approximately 10 days)

Name: MICHAEL & CYNTHIA JOHNSTON

Mailing Address: 3805 TRESHAM LANE

City: CENTRAL POINT State: OR Zip: 97502 Phone: (541) 855-8767

WELL LOCATION:

County: JACKSON

Well # 1

(if multiple wells exist on same property-ie: well #1, #2, etc.)

Township: 36

North or South
(circle one)

Range: 2

East or West
(circle one)

Section: 05

NE 1/4 2 1/4
(If known)

Tax Lot #: 300

(not the county's tax acct. #)

Type of Well: water supply?

(Ex: domestic or irrigation use)

monitoring?

(Ex: monitoring groundwater for contaminants)

Address of Well: 3805 TRESHAM LANE, CENTRAL POINT

(Optional): Does this well have a formal water right associated with it? Yes: No: ✓

(If unknown you may want to contact the Water Rights Group at 503-378-3739 extension 201 for research)

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

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

WELL INFORMATION: If available, attach copy of driller's well report. If report is not available please complete as much of the following as possible. at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor - see instructions.)

Start Card #: Approx. Well Construction Date:

Well Constructor:

Name of Land Owner at Time of Construction (or prior landowners, going back in time to when well was constructed)

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

Diameter of Exposed Well Casing (in inches):

Please Return Completed Form to: Well ID Program @ Oregon Water Resources Department
158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130 (App-July03)