



For Official Use Only:

Received Date:

County Well Log ID #

Well Identification Tag #

JEFF 265

39014

WELL IDENTIFICATION APPLICATION FORM

RECEIVED

DEC 20 1999

WATER RESOURCES DEPT. SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: Ginger Gann

Mailing Address: 6877 S.W. Feather Dr.

City: Culver State: OR Zip: 97734 Phone: (541) 546-2260

WELL LOCATION:

County: Jefferson Owner's Well Number:

Township: 9 N of S Range: 15 E or W, Section: 29 NW 1/4 SW 1/4

Tax Lot Number: Type of Well: water supply monitoring

Street Address of Well (if different from above): HCR 62 Box 441A Madras, OR 97741

WELL INFORMATION: (do not complete remainder of application if well log is available)

Start Card Number: Approx. Construction Date:

Well Constructor:

Name of Owner at Time of Construction:

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

Diameter of Exposed Well Casing (in inches):

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

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

Please Return Completed Form to: Roger Wright Well Identification Program Oregon Water Resources Department 158 12th Street NE Salem, OR 97310