

L-59949

For Official Use Only:		
Received Date:	County Well Log ID #	Well Identification Tag #
_____	"Jeff 50790"	L-59949

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: LAKE CREEK LODGE, INC

Mailing Address: 13375 S.W. F.S. ROAD 1419

City: CAMP SHERMAN State: OR Zip: 97730 Phone: (541) 595-6331

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

WELL LOCATION: Latitude 44 27'12" Longitude 121 39'07"

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

Township: 13 N or S Range: 09 E or W, Section 15 1/4 1/4

Tax Lot Number: 381 Type of Well: water supply dug well monitoring no

Address of Well (if different from above): _____

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

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

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

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: Bud McMullin (owner at the time)

Name of Land Owner at Time of Construction: Bud & Roblay McMullin

Well Depth (in feet): 65' Static Water Level (in feet): ARTESIAN WELL

Diameter of Exposed Well Casing (in inches): 8"

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

RECEIVED
JUL 01 2002
WATER RESOURCES DEPT.
SALEM, OREGON