

For Official Use Only

Received Date: _____

County Well Log ID #

Well Identification Tag #

Jose 3064

L-55728

L-55728

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Irving + Victoria Manderille

Mailing Address: PO Box 376

City: Merlin, OR State: OR Zip: 97532 Phone: ()

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

WELL LOCATION: (Optional - Latitude _____ Longitude _____)

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

Township: 35 N or S, Range: 06 E or W, Section 21 1/4 _____ 1/4

Tax Lot Number: 3400 Type of Well: water supply _____ monitoring _____

Address of Well (if different from above): 120 Galice Rd.

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: _____

Name of Land Owner at Time of Construction: _____

Well Depth (in feet): 90 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

RECEIVED

DEC 17 2001

WATER RESOURCES DEPT.
SALEM, OREGON