

For Official Use Only by The Oregon Water Resources Department:

Received Date:

Well Log Number:

Well Identification Tag #:

RECEIVED

"Jose 56535"

L-79666

JUL 22 2005

APPLICATION FOR A WELL IDENTIFICATION TAG

WATER RESOURCES DEPT
SALEM, OREGON

Please print clearly. If shared well see instructions. This is Well # 1 of 1 wells on the property.

LANDOWNER INFORMATION:

Current landowner's name and mailing address:

Oregon Parks & Recreation Department
725 Summer Street NE, Suite C
Salem Oregon 97301-1266

Mail tag and paperwork to: (Real Estate Co. or other party, if not the current landowner):

Henry Mackenroth
Oregon Parks & Recreation Department
725 Summer Street NE, Suite C
Salem, Oregon 97301-1266

Application submitted by (& phone number or e-mail):

Henry Mackenroth, 503-986-0764, henry.mackenroth@state.or.us

Owner at time the well was drilled (if known):

WELL LOCATION INFORMATION:

Township #: 33S Range #: 6W Section #: 22 Tax Lot #: 100 County: Josephine

Street Address & City of Well:

Wolf Creek Inn State Park, 100 Front Street, Wolf Creek, Oregon

If the property had a different street address in the past, please indicate it, if known:

WELL INFORMATION: (You do not need to complete this section if the well report is attached)

Type of Well (i.e.; domestic, irrigation, commercial, industrial, monitoring, etc.): COMMERCIAL

Date Well Constructed: ? Well Depth: 108 Casing Diameter: _____

Other Information: _____

Applications can be mailed to: Oregon Water Resources Department - 725 Summer Street N.E., Suite A - Salem, OR 97301-1271 OR fax to 503-986-0902. Applications are processed and tags mailed every Monday morning. **Thank you for participating in Oregon's Well Identification Program!**