

(3)

LAKE 4021



Oregon Water Resources Department
725 Summer Street NE, Suite A
Salem Oregon 97301
(503) 986-0900
www.wrd.state.or.us

Application for Well ID Number

Do not complete if the well already has a Well Identification Number.

I. OWNER INFORMATION

Current Owner Name (please print): STEVE SCOTT
Mailing Address: 62526 Erickson Rd. Bend, Ore 97701
City, State, Zip: Bend, Ore 97701
Mail Well ID Tag to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)
Name & Address: _____
City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 29 (North/South) Range: R17 (East/West) Section: 24
Tax Lot: 700 County: SW 1/4 SW 1/4
GPS Coordinates: 1050 ft N and 340 ft E from SE corner of Sec 27
Street Address of Well, City: 50705 Shuffield Rd, Summerlake, Ore 97640
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Fish Rearing and Wildlife Habitat
Date Well Constructed (or property built): 6-17-90 Total Well Depth: 380 Casing Diameter: 8"
Owner at time the well was constructed (if known): Steve Scott
Other Information: well # 4021

SUBMITTED BY (please print): Steve Scott
PHONE: 541-419-1832 EMAIL &/or FAX: Sureshotscott3006@gmail.com

Send application to: Oregon Water Resources Department 725 Summer St NE, Suite A, Salem, Oregon 97301; or fax to (503) 986-0902. Applications are processed in the order they are received, and Well ID Numbers are mailed within 4-5 business days.

For Official Use Only by the Oregon Water Resources Department:

Received Date:

1-11-16

Well Log Number:

LAKE 4021

Well Identification #:

L 121023

LOST!

RECEIVED BY OWRD

Last Update: 4/30/14

JAN 11 2016

Well I.D. Number/2

REPL: L-137424 WCC



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Application for Well ID Number

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I. OWNER INFORMATION

Current Owner Name (please print): STEVE SCOTT
Mailing Address: 62526 Erickson Rd. Rd, One 97701
City, State, Zip: Rand, One 97701
Mail Well ID to: ☒ SAME AS ABOVE ☐ In Care Of (C/O)
Name & Address: _____
City, State, Zip: _____

II. WELL LOCATION INFORMATION (Please fill out as completely as possible)

Township: 29 (North South) Range: R17 (East West) Section: 24 1/4 of the _____ 1/4
Tax Lot (usually last 3-5 numbers of Tax Map #): 700 County Lake
GPS Coordinates: 1050 ft N and 340 ft East from SW corner of Sec 22 (23)
Street Address of Well, City: 50705 Shuffield Rd, Summerville, One 97640
If the property had a different street address in the past: _____

III. GENERAL WELL INFORMATION (Please fill out as completely as possible, AND attach copy of Well Report, if available)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): Fish Rearing and Wildlife Habitat
Date Well Constructed (or property built): 6-17-90 Total Well Depth: 380 Casing Diameter: 8"
Owner at time the well was constructed (if known): Steve Scott Well Report # (if known): LAKE 4021
Other Information: Lost tag off well Previous # was L-121023 *

SUBMITTED BY (please print): STEVE SCOTT
PHONE: 541-419-1832 EMAIL &/or FAX: Sureshotscott3006@gmail.com

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L-121023 LOST *Replacement

For Official Use Only by the Oregon Water Resources Department:

Received Date:

3-12-2020

Well Report Number:

LAKE 4021

Well Identification #:

L-137424

RECEIVED