



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 I.D Number.

I. OWNER INFORMATION

Current Owner Name (please print): Ernest Duane Shuffield
Mailing Address: P.O. Box 85
City: Summer Lake State: Oregon Zip: 97640
Mailing Address (to send Well I.D.): P.O. Box 85
City: Summer Lake State: Oregon Zip: 97640

II. WELL INFORMATION (Do not complete this section if the well report is attached.)

Township: _____ (North/South) Range: _____ (East/West) Section: _____
Tax Lot: _____ County: _____ 1/4 _____ 1/4
Street Address of Well: _____ City: _____
Owner at time the well was constructed, (if known): _____
If the property had a different street address in the past: County Rd 416-A is now Shuffield Rd

III. GENERAL WELL INFORMATION (Do not complete this section if the well report is attached)

Use of Well (domestic, irrigation, commercial, industrial, monitoring): _____
Date Well Constructed: _____ Total Well Depth: _____ Casing Diameter: _____
Other Information: _____

SUBMITTED BY (please print): Chaylon Duane Shuffield (for Ernest Duane Shuffield)

PHONE: 541.207.2310 FAX: 541.943.3170

Send application to Oregon Water Resources Department; 725 Summer St NE, Suite A; Salem, Oregon 97301-1266; fax (503) 986-0902. Applications are processed and Well I.D. Numbers are mailed every Wednesday.

For Official Use Only by the Oregon Water Resources Department:

Received Date: _____

Well Log Number: _____

Well Identification #: _____

LAKE 4037

107330