

WELL IDENTIFICATION APPLICATION FORM

JUN - 3 1997

WATER RESOURCES DEPT.
SALEM, OREGON

BUYER/CURRENT WELL OWNER:

Name: WARREN D. & ULLA M. STAFFORD II H & W

Mailing Address: P.O. BOX 25

City: Westlake State: OR Zip: 97743 Phone: (541) 997-3722

WELL LOCATION:

County: LAKE Township: 19 N or S, Range: 12 E or W

Section: 34 21 1/4 1/4 Owner's Well Number: UNKNOWN

Tax Lot Number: 5000 + 5102 Street Address of Well (if different from above): _____

4740 PACIFIC AVE, Westlake, OR

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

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: UNKNOWN

Name of Owner at Time of Construction: UNKNOWN

Well Depth (in feet): SAND POINT Static Water Level (in feet): N/A

Diameter of Exposed Well Casing (in inches): N/A

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

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

Please Return Completed Form to:

Lisa Juul
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

For Official Use Only:
Well Tag No. <u>15396</u>