

RECEIVED
FEB 4 1959
STATE ENGINEER
SALEM, OREGON

L.D. Leuthold
Cheshire, Oreg.

Dear Sirs:

This is the description
of my land where our
new well is located. (My
name is Leonard D.
Leuthold not Raymond.)

Beginning at the Northeast
corner of Section 24, Township
16 South Range 6 West of
the Willamette Meridian,
thence South $88^{\circ} 48\frac{1}{2}'$ West
1320.17 feet along the north line
of said Section 24, to a point
marked by an iron pin, thence

Six th 3.33 feet all of E
 line parallel to the east line
 of said Section 24, to a point
 marked by an iron pin being
 the true point of beginning,
 thence South 441.67 feet continuing
 along a parallel to the east line
 of said Section 24 to a point marked
 by an iron pin, thence South 88°
 $48\frac{1}{2}'$ West 1269.67 feet along a line
 parallel to the north line of Section
 24, to a point in center of County Road
 #1101, thence North $49^{\circ}44\frac{1}{2}'$ West
 667.04 feet along the center line
 of said road to a point, thence North
 $88^{\circ}48\frac{1}{2}'$ East 1778.84 feet along a line
 parallel to the North line of said Section 24
 to true point as beginning Lane County

LANE 9042

For Official Use Only:

Received Date: _____

County Well Log ID #

~~"Lane 60622"~~

Well Identification Tag #

L-55833

Lane 9042

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Union Lenthold

Mailing Address: C/O Equity Health Inc 355 W. 6th St

City: Junction City State: OR Zip: 97448 Phone: (541) 998-2585

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

WELL LOCATION:

Latitude _____ Longitude _____

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

Township: 16 N or S, Range: 06 E or W, Section 24 1/4 00 1/4 00800

Tax Lot Number: 1086188 Type of Well: water supply ☒ monitoring _____

Address of Well (if different from above): 72475 Golden Rd, Junction City, OR 97448

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): _____ 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

JAN 2 2002

WATER RESOURCES DEPT.
SALEM, OREGON

L-55833