

For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

Linn 8433

57512

57512

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: Dennis Loyd Schlegel

Mailing Address: 30680 Horseshoe Ln

City: Albany State: OR Zip: 97321 Phone: (541) 926-0304

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

WELL LOCATION:

County: Linn Owner's Well Number (1st or 2nd well on property, etc) 1

Township: 11 N or (S) Range: 4 E or (W) Section: 22 1/4 1/4

Tax Lot Number: 800 Type of Well: water supply monitoring

Address of Well (if different from above): Same

(Number) (Street) (City)

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

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

(Optional): Latitude Longitude (May sometimes be obtained from Well Log Report)

WELL INFORMATION: (do not complete remainder of application if drillers well report is attached)

See "Dear Landowner" letter for instructions in completing this portion of the application, or contact Janet at the Well ID Program (503) 378-8455, extension 260, or e-mail: Janet.L.Halladay@wrdd.state.or.us.

Start Card Number: Approx. Well 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 ID Program @ Oregon Water Resources Department 158 12th Street NE - Salem, OR 97301-4172, or fax to 503-378-8130

Sound over county 3-15-02,