

State Permit No. _____

95/300-2.3

SP*12658-690

MADE 12/12/94
COMPLETED
For Official Use Only:

Received Date: _____

County Well Log ID #

Well Identification Tag #

MAR 15134

31068

WELL IDENTIFICATION APPLICATION FORM

BUYER/CURRENT WELL OWNER:

Name: James C. + Lela M. Lewis

Mailing Address: 1756 Ankeny Hill Rd. SE

City: Jefferson State: OR Zip: 97352 Phone: (503) 370-8483

WELL LOCATION:

County: Marion Owner's Well Number: _____

Township: 09 N or S, Range: 3W E or W, Section: 23 B 1/4 _____ 1/4

Tax Lot Number: 02000 Type of Well: water supply ☒ monitoring _____

Street Address of Well (if different from above): _____

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

Start Card Number: _____ Approx. Construction Date: _____

Well Constructor: _____

Name of Owner at Time of Construction: _____

Well Depth (in feet): _____ Static Water Level (in feet): _____

Diameter of Exposed Well Casing (in inches): _____

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

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

Please Return Completed Form to:

Larry D. McQueen
Well Identification Program
Oregon Water Resources Department
158 12th Street NE
Salem, OR 97310

RECEIVED

FEB 10 1999

WATER RESOURCES DEPT.
SALEM, OREGON