

OREGON HEALTH DIVISION ONLY:

Received Date:

County Well Log ID #

9/18/00

MARI 16776
MARI 19701

WELL IDENTIFICATION LABEL ATTACHMENT FORM
(OREGON HEALTH DIVISION)

COMPANY /CURRENT WELL OWNER:

OWNER (S) WELL NO: #6

Name: City of Keizer

Mailing Address: P.O. Box 21000

City: Keizer State: OR Zip: 97307 Phone: (503) 390-3700

CONTACT PERSON:

NAME: Joe Edgell PHONE # (503) 390-3700

THIS FORM IS ONLY TO BE USED FOR WELLS WITH
POSITIVELY IDENTIFIED
WATER SUPPLY WELL REPORTS.

O.H.D. OFFICIAL USE ONLY

TOWNSHIP: 7 N S RANGE: 3 E W SECTION: 2 TAX-LOT: 4500

Well Identification Label : L- 32103

LABEL ATTACHED BY: Tom Pattee DATE: 8/18/00
(O.H.D. OFFICIAL)

(WATER SUPPLY WELL REPORT MUST BE ATTACHED!)

Please Return Completed Form to:

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