



OREGON HEALTH DIVISION ONLY:

Received Date:

County Well Log ID #

9/18/00

MARI 16779

WELL IDENTIFICATION LABEL ATTACHMENT FORM (OREGON HEALTH DIVISION)

COMPANY /CURRENT WELL OWNER:

OWNER (S) WELL NO: #10

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- 32107

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