

MORR 51904

For Official Use Only by The Oregon Water Resources Department:

Received Date: _____

County Well Log ID #

Well Identification Tag #

MORR 51904

L106228

APPLICATION FOR WELL IDENTIFICATION TAG

RECEIVED

NOV 14 2011

WATER RESOURCES DEPT
SALEM, OREGON

LANDOWNER INFORMATION

Name: KEN ELWARD

Mailing Address: 595 SE 13TH ST.

City: IRRIGON State: OR Zip: 97844

Return Well Tag to (if different than mailing address): BOB MAYNARD INSTALLED

WELL LOCATION INFORMATION

County: Morrow Township: 5 (North or South (circle one)) Range: 27 East or West (circle one)

Section: 30 SE 1/4 SW 1/4 Tax Lot #: 900

Street Address of Well (if different than mailing address): _____

WELL INFORMATION (Do Not Complete If Well Report is Attached)

Type of Well (i.e. domestic, irrigation, etc): _____ Date Well Constructed: _____

Well Constructor/Company: _____

Well Depth (in feet): _____ Diameter of Well Casing (in inches): _____

Landowner Who Had Well Constructed or Previous Owner at the Time Well was Constructed (if known): _____

Other Information: ~~REPLACE~~ FOUND NO TAG - INSTALLED NEW TAG

Return to: Oregon Water Resources Department, ~~Janet McKinley~~, 725 Summer St. NE, Suite A, Salem,
OR 97301-1271, (503) 986-0854 or fax to 503-986-0902

App for tag

