

FROM :

FAX NO. **UMAT 753**

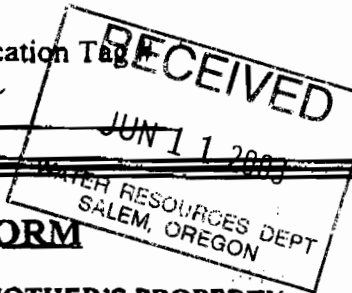
Mar. 03 2002 11:36AM P1

For Official Use Only:

Received Date:
6-11-03

County Well Log ID #
Umat 753

Well Identification Tag #
J-64928



J-64928

WELL IDENTIFICATION APPLICATION FORM

(please see attached instructions)

DO NOT COMPLETE THIS FORM IF YOU ARE SHARING THE WELL ON ANOTHER'S PROPERTY.

BUYER/CURRENT LANDOWNER (FOR PROPERTY WELL IS LOCATED ON):

Name: Fred Robinson

Mailing Address: 47141 Kiekatich Road

City: Pendleton State: OR Zip: 97801 Phone: ()

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

WELL LOCATION:

County: Umatilla Well # (designation owner has given to well if multiple wells exist on same property): _____

Township: 2N (North or South, Range: 33 (East or West, Section: 2 1-4 1-4)
(circle one) (circle one)

Tax Lot #: 800 (not the "tax acct.#") Type of Well: water supply _____ monitoring _____

Address of Well: 47141 Kiekatich Road Pendleton OR 97801
(Number) (Street) (City)

Does this well have a formal water right associated with it? Yes: No: _____
(If unknown you may contact the Water Rights Information Group at 503-378-3739 extension 201 for research)

If Yes: Application #: 6-6563 Permit #: 6-6164 Certificate #: Vol 41 pg 4837

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

WELL INFORMATION: (If available, attach copy of driller's well report. If report is not available please complete the following, at a minimum the prior landowner names going back until around the time the well would have been drilled. Prior landowners can be obtained from the County Assessor.)

Start Card #: _____ Approx. Well Construction Date: _____

Well Constructor: _____

Name of Land Owner at Time of Construction (or list of prior landowners): _____

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

PREVIOUS WELL ID APPLICATION VERSIONS SHOULD NOT BE USED REVISED 8-5-02

original issued, tag 11054 9-96/replaced with this one